**Appendix 9: Asthma in School**

The school will not give your child asthma medication unless you complete and sign this form.

|  |  |
| --- | --- |
| **Name of child:** | |
| **Class:** | **Date of birth:** |
| **Name of asthma medicine to be administered:** | |
| **Dosage to be given:** | |
| **Time/conditions under which dose should be administered (e.g.: before PE, before playtime/lunchtime, when child feels chest is 'tight')** | |
| **Please state the point at which you wish to be contacted if your child requires their asthma medication (e.g.: if child needs to use inhaler, if child needs to use inhaler more than they do normally, if child has an asthma attack)** | |
| **Any further information:** | |
| **Name of contact and details** |  |
| Daytime telephone no. | Relationship to child: |
| Address: | |

* Normally only 'blue' reliever inhalers will be administered at school.
* Inhalers will be sent home at the end of each term.
* Asthma medication is kept by the child in Key Stage 2.
* Children who are known to be asthmatic will not be allowed to swim unless they have their inhaler with them.
* All inhalers must be labelled with the child's name.
* I understand that I must contact school if there is a change to my child's asthma condition or medication, and that I will be required to fill in a new form.

* I understand I must ensure that my child's inhaler is always at school for them to use, that my child is familiar with its use, and that the inhaler is not out of date or empty.

* I understand that Roberttown School does not accept any liability for failure to administer the medicine stated above.

Signed…………………………………………………………………Date………………………………...

Relationship to the pupil……………………………………………………………………………………..

**Record of Asthma Inhaler Treatment**

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| Date | Time | Treatment given | Any reactions | Staff Signature | Print name |
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