



THE WINDMILLS JUNIOR SCHOOL

Dale Avenue, Hassocks, West Sussex. BN6 8LS

Tel: 01273 842421

office@windmills.w-sussex.sch.uk www.windmills.w-sussex.sch.uk

Headteacher: Mrs Leila Murray

Dear Parent/Carer

September 2019

Asthma Information Form

Due to new government legislations we must ask you to complete a new form for your child regarding the medication needed for their Asthma care. Could you please complete the questions below so that the school has the necessary information. Children with Asthma must now have an **Inhaler and spacer** in Class or in their bag at all times during school hours. Your Doctor is aware of this and will be able to provide this for you.

Childs full name.....

Age Class

1. Does your child need an Inhaler /Spacer in school? Yes/No

If yes please provide information on your child's current treatment.

2. Name / type of Inhaler

3. How many Puffs.....

4. How often

(Please check this is the same as the prescription information from your Doctor.)

5. What triggers your child's Asthma.....

6. My Child has an inhaler/spacer in class or in their bag at all times. Yes/No

7. Would your child need to use their inhaler before doing exercise /PE/Swimming.
Would the amount be the same as other times? Yes / No

It is advised to have a spare inhaler/Spacer in school . Spare inhalers may be required in the event that the first inhaler runs out, is lost or forgotten. Inhalers must be clearly labelled with your child's name and must be replaced before they reach their expiry date. These are kept in our medical room. All inhalers are checked regularly for dates.



Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialists in an emergency?

- Give **6 puffs of the blue inhaler**..... (via a spacer).....
- Reassess after 5 minutes
- If the child still feels wheezy or appears to be breathless they should have a further **4 puffs of the blue inhaler**
Reassess after 5 minutes
- **If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:**
- **CALL AN AMBULANCE and CALL PARENT**
- **While waiting for an ambulance continue to give 6 puffs of the reliever inhaler every few minutes.**

Yes / No

Signed:..... Date.....

I am the person with parental responsibility

Please remember to inform the school if there are any changes in your child’s treatment or condition.

Thank you

Parental Update (only to be completed if your child no longer has asthma)

My child no longer has asthma and therefore no longer requires an inhaler in school or on school visits.

Signed	Date
<i>I am the person with parental responsibility</i>	

For office use:

	Provided by parent (Yes/No)	Location (delete as appropriate)	Expiry date	Date of phone call requesting inhaler/spacer	Date of letter (attach copy)
1 st inhaler		With pupil/In classroom			
2 nd inhaler Advised		In office/first aid room			
Spacer					

