

November 12

Dear Parent/Carer

Asthma in School

I am pleased to advise you that this school takes its responsibilities to pupils with asthma very seriously. With advice from the Department for Employment and Education, the National Asthma Campaign, the Local Authority, the School Health Service and the Governing Body, we have established a School Asthma Policy for use by all staff.

As part of accepted good practice, we ask all parents of pupils with asthma to complete a School Asthma Form for their son and/or daughter. The completed form will enable us to maintain the Asthma Register that all school staff will have access to. The Asthma Register will ensure that pupils with asthma receive the best possible treatment at all times. If your child has asthma, please fill in the attached form and return it to school as soon as possible.

If your child's medication or condition changes at any time during the year, or they no longer require being on the Asthma Register, please inform school as soon as possible.

Your child should be encouraged to keep a reliever inhaler with them at all times, and also keep a spare in the school medical room. If they need to use a spacer device, this should also be provided. Please ensure that all inhalers and spacers are clearly labelled with the child's name and any instructions regarding dosage etc are clearly stated. We will check expiry dates on inhalers held in the medical room on a termly basis. However, it is the responsibility of parents to ensure that the inhaler the child carries with them is within the expiry date.

Should you have any queries regarding asthma care in school, please do not hesitate to contact me.

Thank you for your co-operation in this important matter.

Yours sincerely

Mrs T A Thorpe
Clerical Assistant /First Aider



Salter's Gate Junior School



Asthma Form

Child's name:			Class:
Date of birth:			
Home address:			
Parent's/Guardian's name:			
Telephone:	Home:		
	Work:		
	Mobile:		
General Practitioner:	Practice:		
	Telephone:		
Name of reliever medication:			
Dose required and when:			
Does your child need help taking asthma medication?	Yes/No	Does your child need to use a spacer device when taking medication?	Yes/No
Does your child need to take their medication before exercise or play?	Yes/No	If Yes, please state when and dosage required:	
What (if any) are your child's asthma triggers (things that make their asthma worse)?			
Have you supplied 2 inhalers? <i>(Please ensure that inhalers are within expiry date)</i>	1 inhaler kept with child at all times	1 inhaler kept in school medical room	
	Yes/No	Yes/No	

Signature of parent/guardian **Date**



Salter's Gate Junior School



Asthma Form

For office use only:

Added to Asthma Register	Date:	Initials:	
Inhaler with child?	Yes/No	Inhaler in medical room?	Yes/No
Expiry date checked (date & initial)	Autumn Term	Spring Term	Summer Term
Expiry date checked (date & initial)	Autumn Term	Spring Term	Summer Term
Expiry date checked (date & initial)	Autumn Term	Spring Term	Summer Term
Expiry date checked (date & initial)	Autumn Term	Spring Term	Summer Term