



Scotforth St Paul's C of E Primary & Nursery School

"Let faith be your shield"

Scotforth St Paul's Primary and Nursery School
Scotforth Road
Lancaster
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Dear Parent/Carer

Re: The School Asthma Card

Thank you for informing us of your child's asthma on his/her registration form/ recently. As part of accepted good practice and with advice from the Department for Education & Skills, Asthma UK and the school's governing bodies, our school has recently established a new School Asthma Policy for use by all staff.

As part of this new policy, we are asking all parents and carers of children with asthma to help us by completing school asthma card for their child/children. Please take this card to your child's doctor/asthma nurse to fill in at your child's next appointment, and return it to the school as soon as possible.

The completed card will store helpful details about your child's current medicines, triggers, individual symptoms and emergency contact numbers. The card will help school staff to better understand your child's individual condition.

Please make sure the card is regularly checked and updated by your child's doctor or asthma nurse and the school is kept informed about changes to your child's medicines, including how much they take and when.

If you have any queries about this card, please do not hesitate to contact me.

I look forward to receiving your child's completed school asthma card.

Thank you for your help.

Yours sincerely,

Mrs A. Aylott
Head Teacher/NLE



Template 2: Asthma Inhaler Consent Form-

Details of Pupil:

Surname:

Forename:

Date of Birth:

Class:

Male/Female

Address:

Medication: type/name of inhaler:

Dosage:

My child does*/does not need* to use a spacer device with the inhaler. (Parent to provide one if needed.)

Do you wish your child?

a) To leave their inhaler with the class teacher*

b) To keep their inhaler with them at all times*

*Please delete as appropriate

If your child has an asthma attack, and does not have their own inhaler available, do you give permission for your child to use another identical inhaler? Yes/No

We will inform you if your child refuses to take his/her medicine.

Contact details:

Name: (please print)

Relationship to Pupil:

Address:

Contact telephone number*:

I understand that I must deliver the inhaler personally (clearly marked with my child's name) to the school office staff, who will pass it on to the class teacher. I accept that this is a service which school is not obliged to undertake.

Parent/Carer Signature:

Date:

Accepted by staff (please print name):

Signature.....Date.....

***Parents agree to keep school informed of any changes to contact details, especially mobile phone numbers.**

Copies to pupil's file, Class, Office

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone – home

Telephone – work

Telephone – mobile

Doctor/nurse's name

Doctor/Nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines should be clearly labelled with your child's name and kept in agreement with the school's policy.

Does your child tell you when he/she needs medicine?

Yes No

Does your child need help taking his/her asthma medicines?

Yes No

What are your child's triggers (things that make their asthma worse)?

Does your child need to take medicines before exercise or play?

Yes No

If yes, please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Does your child need to take any other asthma medicines while in the school's care?

Yes No

If yes please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Reliever treatment when needed

For wheeze, cough, shortness of breath or sudden tightness in the chest, give or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

Expiry dates of medicines checked

Medicine	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

What signs can indicate that your child is having an asthma attack?

Parent/carer's signature

Date

Dates card checked by doctor or nurse

Date	Name	Job title	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What to do in an asthma attack

1 Make sure the child takes one to two puffs of their reliever inhaler, (usually blue) preferably through a spacer

2 Sit the child up and encourage them to take slow steady breaths

3 If no immediate improvement, make sure the child takes two puffs of reliever inhaler, (one puff at a time) every two minutes. They can take up to ten puffs

4 If the child does not feel better after taking their inhaler as above, or if you are worried at any time, call 999 for an ambulance. If an ambulance does not arrive within ten minutes repeat step 3.

The Asthma UK Helpline - Here when you need us

0800 121 62 44 www.asthma.org.uk/helpline

9am–5pm, Monday–Friday

www.asthma.org.uk

