STRICTLY CONFIDENTIAL

ASTHMA INFORMATION FORM

Please complete the questions below so that the school has the necessary information about your child's asthma. Please return this form without delay.

STUDENT DETAILS

NAME					
ADDRESS					
DATE OF BIRTH	/ /	YEAR GROUP		CLASS	

GP PRACTICE	
GP TEL. NO	

MEDICAL INFORMATION

MY CHILD HAS AN OFFICIAL ASTHMA DIAGNOSIS	YES	NO
I HAVE ATTACHED THE ASTHMA PLAN FROM THE GP / ASTHMA NURSE	YES	NO
MY CHILD REQUIRES A SPACER	YES	NO

If yes, please provide one for the school office

Do you give consent for the following treatment to be given to your child, as recognised by Asthma Specialists, in an emergency?	YES	NO

- 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 10 puffs of the reliever inhaler every few minutes

Please provide information on your child's current treatment. (Include the name, type of inhaler, the dose and how many puffs?

What triggers your child's asthma?

DOES YOUR CHILD NEED A BLUE INHALER BEFORE EXERCISE / PE	YES	NO

It is advisable that your child has a spare inhaler (and spacer if prescribed) in school. Spare inhalers may be required in the event that the first inhaler runs out, is lost or forgotten. Inhalers must be in their original box with the pharmacy prescription sticker clearly showing the child's name and must be replaced before they reach their expiry date.

PARENTAL CONSENT

I agree to ensure that my child has in-date inhalers and a spacer (if prescribed) in school. I agree that the school can administer the school emergency salbutamol inhaler if required.

NAME	
DAYTIME CONTACT NO.	
RELATIONSHIP TO CHILD	
PARENT SIGNATURE	
DATE	

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