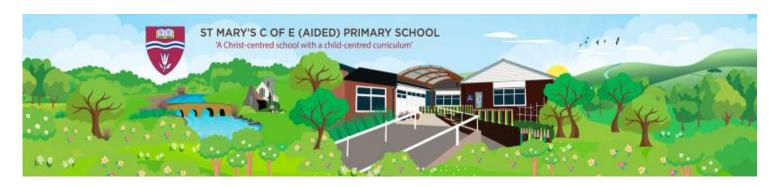
## STRICTLY CONFIDENTIAL



## **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 INFORMAT                                                                                                                 | ION           |          |                          |        |        |
| 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 |
| lf y                                                                                                                             | es, please pr | ovide or | ne 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 | a?                                                                                                                                                                                                                                                                      |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ,                                 |                                                                                                                                                                                                                                                                         |
| DOES VOUR CHILD NEED A BI         | UE INHALER BEFORE EXERCISE / PE YES NO                                                                                                                                                                                                                                  |
| DOES TOOK GITTED NEED A DE        | TES NO                                                                                                                                                                                                                                                                  |
| required in the event that the f  | as a spare inhaler (and spacer if prescribed) in school. Spare inhalers may be irst inhaler runs out, is lost or forgotten. Inhalers must be in their original box n sticker clearly showing the child's name and must be replaced before they reach their expiry date. |
|                                   |                                                                                                                                                                                                                                                                         |
| PARENTAL CONSENT                  |                                                                                                                                                                                                                                                                         |
| · ·                               | d has in-date inhalers and a spacer (if prescribed) in school. I agree that minister 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

