



Hartford Manor After School Club

Dear Parent/Guardian

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.**

CHILD'S NAME.....AGE.....CLASS.....

1. Does your child have asthma? YES/NO (delete as appropriate)
2. Please provide information on your child's current treatment. (Include the name, type of inhaler, the dose and how many puffs? Do they have a spacer?)

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.....

3. What triggers your child's asthma?

.....

It is essential that an inhaler is available in school for your child. It should be clearly labelled with your child's name and must be replaced before it reaches its expiry date.

I agree to ensure that my child has in-date inhalers and a spacer (if prescribed) in school.

Signed:.....Print Name:.....
I am the person with parental responsibility

Date:.....

Circle the appropriate statements

- My child requires a spacer and I have provided this to the school
- My child does not require a spacer
- I need to obtain an inhaler/spacer for school use and will supply this/these as soon as possible

4. Does your child need a blue inhaler before doing exercise/PE? YES/NO (delete as appropriate)

If so, how many puffs?.....

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

- Give 2 puffs of the blue inhaler
- Reassess after 5 minutes
- If the child still feels wheezy or appears to be breathless they should have a further 2 puffs of the blue inhaler
- Reassess after 5 minutes
- If their symptoms are not relieved then this should be viewed as a serious attack.
- CALL AN AMBULANCE AND CALL PARENT
- While waiting for the ambulance continue to give 2 puffs of the inhaler every minute.

YES/NO (delete as appropriate)

Signed:.....Print name:.....

I am the person with parental responsibility

Date:.....

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

Thank you

Parental Update (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.....Print name.....	
<i>I am the person with parental responsibility</i>	
Date:.....	

For office use:

	Provided by parent (Yes/No)	Location (Delete as appropriate)	Expiry date
Inhaler		Classroom/In bag daily	
Spacer (if required)		Classroom/In bag daily	