DURRINGTON HIGH SCHOOL ASTHMA INFORMATION FORM - Individual protocol for Mild Asthma



Please complete the questions below so that the school has the necessary information about your child's

	135	asthma.	Please retui	rn this for	m without delay.		
		STUDEN	T NAME:				
\		TUTOR G	GROUP:				
	 We advise that all pupils who need an inhaler carry it with them at all times. They should also have a spare inhaler in school in case their inhaler runs out, gets lost or left at home. Inhalers must be clearly labelled with your child's name and must be replaced before they reach their expiry date. Does your child need an inhaler in school? YES / NO Please provide information on your child's current treatment. (Include the name of medication, type of inhaler, the dose and how many puffs and if they have a spacer). 						
3.							
4.	sulfate). In unable to a consent for	the event ccess their them to h	that your child r own persona nave doses adr	d requires I one or the ministered,	nicrograms salbutamol an inhaler and is eir spare one, do you via a spacer if nsent / NO, I do not		
schoo	ol and on sch	ool visits.	-	sure that a	inhaler whilst at a spare in-date inhaler I.		
Signe	ed:				Date:		
Nam	e:						
T am	the nerson	with nai	rental resnon	cihility			

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Please tick the appropriate statements:						
My child will carry their own inhaler. My child requires a spacer My child does not require a spacer I will provide a spare inhaler/ spacer for the school to hold. Does your child need a blue inhaler before doing exercise/PE? If so, how many puffs?						
Do you give consent for the following treatment to be given to your child, as recognised by Asthma Specialists, in an emergency?						
 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 than this should be viewed as a serious attack: CALL AN AMBULANCE and CALL PARENT YES, I consent / NO, I do not consent 						
Signed:	Date:					
Name:						
I am the person with parental responsibility						
Please remember to inform the school if there are any changes in your child's treatment or condition.						
Parental Update (only 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:	Date:					
I am the person with parental responsibility						