



CHERRY TREE PRIMARY SCHOOL

Children with Asthma

ASTHMA FORM

If your child suffers from asthma we would be grateful if you could complete the details below and return the form to school as, in order to best help those children who suffer from asthma, we need some information regarding their current treatment.

If your child is on asthma inhaler medication a spare should be kept in school, clearly labelled with the owner's name, in case of emergency. Your doctor will provide this on request.

In the event of your child having an asthma attack in school his/her medication will be used. Please ensure that inhalers are kept up to date and not left empty in school.

If the normal relief medication does not work after ten minutes and the attack is severe, i.e.

- the pulse rate is 120 beats per minute or more
 - the breathing rate is 30 or more,
 - the child cannot string two or three words together,
- then** an ambulance will be called. If possible we will inform you of our actions.

ASTHMA AT SCHOOL

Child's name _____ Class _____

- Has a diagnosis of asthma been made by either a G. P. or a hospital consultant? Yes / No
- What medication is your child on? _____
- What is the daily dosage? _____
- Is it necessary for your child to receive any medication during school hours? Yes / No
- If 'Yes', what is this medication and when is it applied?

Any other comments _____

Signed _____ (parent/carer)

