

Holbrook Primary School - Individual protocol for Mild Asthma

Please complete the questions below, sign this form and return to the school office.

CHILD'S NAME.....

D.O.B.

Class

Contact Information

Name					Relationship to pupil				
Phone numbers	Work		Home		Mobile		Other		

If I am unavailable please contact:

Name					Relationship to pupil				
Phone numbers	Work		Home		Mobile		Other		

1. **Does your child need an inhaler in school?** 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?

3. **What triggers your child's asthma?**

4. It is advised that pupils have a spare inhaler in school. Spare inhalers may be required in the event that the first inhaler runs out is lost or forgotten. Inhalers must be clearly labelled with your child's name and must be replaced before they reach their expiry date. The school will also keep a salbutamol inhaler for emergency use.

Please delete as appropriate:

- **My child REQUIRES/DOES NOT REQUIRE a spacer and I have provided this to the school office**

- **I am aware I am responsible for supplying the school with in date inhaler(s)/spacer for school use and will supply this/these as soon as possible. YES/NO**

5. **Does your child need a blue inhaler before doing exercise/PE?** If so, how many puffs?

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

Emergency Procedure – severe symptoms

- **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 via a spacer**
- 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 sign below to confirm you agree the following:

- I agree to ensure that my child has in-date inhalers and a spacers (if prescribed) in school.
- I give consent for the school to administer my child’s inhaler in accordance with the emergency treatment detailed above.
- **I agree that the school can administer the school emergency salbutamol inhaler if required, which I will then replace.**
- I agree that my child’s medical information can be shared with school staff responsible for their care.

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

Date.....

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. Thank you

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>I am the person with parental responsibility</i>	

For office use:

	Provided by parent/school	Location (delete as appropriate)	Expiry date	Date of phone call requesting new inhaler	Date of letter
1 st inhaler		In classroom			
2 nd inhaler Advised		First aid room			
Spacer (if required)					