



September 2019

Dear Parent/Carer

The school has a policy for the management of asthma, based on a joint policy between the Health Authority, Education Authority and the local hospital.

If your child has asthma we would be grateful if you could fill in the form attached to this letter and return it to school as soon as possible. This will be kept in school as a record of your child's asthma treatment.

You may need to ask your child's GP or Practice Nurse to help you.

If your child is diagnosed as having asthma please let the school know as soon as possible so we can ensure that they have appropriate access to their medication.

If your child is likely to need asthma treatment while in school, please ensure that your child has an inhaler at school at all times, including school trips, clearly marked with his or her name. Please provide a new spare full inhaler to be kept in school.

This must be replaced at the start of each new school year.

If your child changes device part way through the year, bring a new one for the school **IMMEDIATELY**. At the end of each school year, inhalers are to be taken home.

As soon as your child is old enough, he or she will be allowed to keep their inhaler with them at all times whilst in school.

## **IMPORTANT**

Poorly controlled asthma can interfere with a child's performance. Please let your child's class teacher know if your child's asthma is being more troublesome than usual, especially if their sleep is being disturbed, this can be done through your child's planner.

We have four first aiders, who are available to deal with the health and well-being of your child, and the children are made aware who they are and that they may go to them for help at any time.

Yours sincerely

Mrs J M Marrow  
Acting Headteacher

# Broadbottom C of E Primary School



## ASTHMA FORM

Name of Child.....

Date of birth.....

Does your child suffer from Asthma      Yes       No

If "yes" complete the information below, sign and return the form.  
If "no" please sign and return.

PLEASE STATE WHICH INHALERS YOU HAVE PROVIDED FOR YOUR CHILD'S SCHOOL INHALER, AND THE INDICATIONS FOR USE.

Blue Inhaler - Relievers: e.g. before games/going out in the cold air/during a bad cold.  
Brown Inhaler - Preventers: e.g. containing steroids.

Name of Inhaler.....

Likely reasons for use.....

Stated Dose.....

Has your child got a self-management plan?      YES/NO

*(Contact your G.P. or Practice Nurse if you are unsure).*

If 'Yes' school require a copy.

Please give details of **TWO** contact numbers to be used in an emergency.

1. Name.....

    Telephone Number.....

2. Name.....

    Telephone Number.....

*Name of G.P.*.....

Telephone Number.....

*Asthma Nurse*.....

Telephone Number.....

Signed.....Parent/Carer

Date.....

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I.....being the Parent/Carer of.....  
understand that I am responsible for ensuring that my child is equipped with their asthma medication as required. I understand that I am required to provide school with **two** inhalers and will replace them as required.

Signed.....Parent/Carer

Date.....

**Please return the completed form and the medication to the school office.**