School Action Plan: Asthma

Accepted by staff (please print name):……Date……...

Name: ……..……. Date of birth:……..……Class…….…….. Allergies: ……..……. Emergency contact: ……..……..……. Emergency contact number ……..……... Doctor's phone number: ……	Affix photo here

What are your child's known asthma triggers? E.g. exercise, cold air, allergies.

What are the signs that your child may be having an asthma attack?

Are there any key words that your child may use to express their asthma symptoms?

Medication: type / name of inhaler? .....

Does your child have a spacer device? .....

Dosage……..

Date dispensed……Expiry date……

I give my consent for school staff to administer/assist my child with their own reliever inhaler as required. Their inhaler is clearly labelled and in date.

Signed…… Date……

Print Name……..……....

Relationship to child……..

CONSENT FORM
USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma/having asthma attack

1. I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler.

2. My Child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day/that will be left at school* (delete as appropriate) *Whenever possible we would recommend inhalers are left at school.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed …….. Date……

Name (print)……..

Relationship to child……

Child's Name……

Class……..

Parent's address and contact details: ……..

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Telephone……

Email…….....

We will inform you if your child refuses to take his / her medication. What procedure would you like school to follow, if your child refuses to take their medication?

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