

MILLAIS SCHOOL

Asthma Information Form

Name of child:				
Tutor Group:			Date of Birth:	
Does your child need and inhaler at school?		Yes / No		
Please provide information about your child's current treatment. (Include the name, type of inhaler, the dose and how many puffs? Is a spacer used? What triggers your child's asthma?)				
Emergency Treatment for Asthma				
 Give 6 puffs of blue inhaler via a spacer Reassess after 5 minutes If child still feels wheezy or appears 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 the blue inhaler then this should be viewed as a serious attack CALL AN AMBULANCE and PERSON WITH PARENTAL RESPONSIBILITY While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes. 				
 Please sign below to confirm to the following: I agree to ensure that an in-date inhaler and a spacer (if prescribed) is kept in the school medical room. I agree to ensure that my child carries their own inhaler with them at school and on school visits/trips. 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 their emergency salbutamol inhaler if required I agree that the provided medical information can be shared with school staff responsible for my child's care. I will inform the school if treatment for asthma is no longer required. 				
Signed:				
Print Name:				
Date:				

I am the person with parental responsibility

Completed forms to be returned to the Medical Welfare Officer <u>mwo@millais.org.uk</u>