

# HEMLINGTON HALL ACADEMY



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## ASTHMA REGISTER

**In school we are updating our Asthma Register. Please could you complete the form below if your child suffers from Asthma and return this to school immediately. Thank you.**

Name of child:.....

Class:.....

Please tick one of the following:

- My child has been diagnosed with Asthma and has a prescribed inhaler which is in school.
- My child has been diagnosed with Asthma and does not have a prescribed inhaler in school.

(Please state reason why).....

Parent/Carer Signature.....

**Once we have your reply we will be sending you a more detailed form to complete.**

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## Asthma Disclaimer for Parents

Date:.....

Child's Name(s):..... Class:.....

Consenting Parent's Name:.....

Address:.....

.....

To the Head Teacher of Hemlington Hall Academy,

I acknowledge that my child.....has a diagnosis of Asthma However, I have not completed an Asthma Care Plan nor issued the school with any medication for my child because.....

.....

.....

**I understand that this is neither advised nor recommended by the school and take full responsibility for my child's health and well-being in relation to their Asthma in school.**

I will inform the school at the earliest opportunity if arrangements change.

Signed:.....

Print Name:.....

Date:.....

**Asthma Care Plan**

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Dear Parent/Carers,

Our records show that your child has Asthma. Could you please complete an Asthma Care Plan so that should the need arise we can treat your child in the appropriate way. This plan should be returned to school as soon as possible.

Name:.....

Address:.....

Date of birth:.....

Contact details:

First Contact:.....

Alternative Contact:.....

My child.....suffers from Asthma and at school takes ..... puffs of Salbutamol inhaler ( blue in colour 100mcg per puff )if needed for a cough, wheeze or breathlessness. He/she will carry it with them on all school trips .

My child.....needs to take ..... puffs of his/her inhaler 15 minutes before exercise and will always have an inhaler for activities outside school such as swimming

He/she uses a spacer to administer the dose of the inhaler and I give permission for a school representative to assist my child.

OR

My child can administer the inhaler themselves.

The inhaler will be administered following the steps listed below:

1. Shake the inhaler
2. Slot the inhaler into the end of the spacer
3. The other end of the spacer goes in the mouth
4. Press the canister
5. Encourage 5 breaths in and out as slow as she/he can manage or 20 seconds per puff with mask on

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6. Repeat from step 1 for the prescribed amount -maximum of 10 puffs in 4 hours
  7. This medication should be effective within 10-15 minutes
  8. Speak calmly and encourage the child to sit up and encourage her/him to breathe slowly.
  9. If ..... needs 10 puffs of his/her inhaler through a spacer, school will contact and inform parents.

At home .....takes other medication to try to control her/his asthma.

These are listed below:

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The expiry date for my child's present inhaler is.....

Please sign below to accept responsibility for the following;

I take full responsibility for checking my child's inhaler is in date and sending an up to date inhaler into school.

I will ensure the inhaler and spacer are clearly labelled with my child's name.

I will organise the cleaning of the inhaler/ spacer as necessary.

I give permission for a school representative to help in giving my child their inhaler if necessary.

Parent/ Carer:.....

Date:.....