



# DOTHILL PRIMARY SCHOOL

Severn Drive, Wellington, Telford, Shropshire, TF1 3JB

Telephone 01952 386870

Head Teacher: Mrs R Butler



Shropshire Community Health **NHS**

NHS Trust

15 December 2016

Dear Parent/Guardian,

Re: The School Asthma Health Care Plan

Thank you for informing us of your child's asthma on his/her registration form.

As part of accepted good practice and with advice from the local PCT, hospital specialists, and the Department for Education & Skills, our school is establishing a School Asthma Policy.

As part of this policy, we now ask all parents/guardians of children with asthma to help us by completing a School Asthma Health Care Plan for their child/children. This is attached to this letter. The completed School Asthma Health Care Plan will store important details about your child's current medicines, triggers, individual symptoms and emergency contact numbers. The Plan will help school staff to better understand your child's individual condition and needs.

All children with an individual asthma health care plan need to have prescribed by their GP an emergency metered dose inhaler, reliever medication. It is necessary for school staff to have access to this medication in order to treat a severe asthma attack correctly. It is best practice to treat a severe asthma attack with a volumatic spacer and reliever as only a metered dose inhaler is compatible for use with a spacer. All schools have access to a volumatic spacer and the asthma leads have been trained on their use in a severe attack. Please complete this Plan and the enclosed Med 1 form (you will not receive this if we have a current form already in school) and return it to the school along with your child's normal reliever metered dose inhaler medication to be stored appropriate to your child's age and ability by **Monday 14<sup>th</sup> November**.

If your child is in Key Stage 2 and you wish for your child to carry their own inhalers please can you complete the included form, and emphasise to your child that if they need to take their inhaler during the day that they tell an adult within the school so that we can log this. We also feel that it would be useful to the school if each child still had an emergency inhaler to be left in the classroom.

Please note that due to legislation our school has chosen to buy an emergency salbutamol inhaler from our local pharmacist, as per Department of Health guidance (Sept. 2014). Despite this it remains parental responsibility to provide the school with a volumatic spacer



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and emergency salbutamol for your individual child. If you wish your child to be administered this emergency inhaler if theirs is not available than please can you complete and sign the attached form also.

I look forward to receiving your child's completed School Asthma Health Care Plan, Med 1 form, Parental agreement for school to administer emergency medication and Request for a child to carry their own medication and reliever medication with spacer.

Thank you for your help.

Yours sincerely



Mrs R Butler  
Head teacher

## ADVICE FOR PARENTS

Remember:

1. It is your responsibility to tell the school about any changes in your child's asthma and/or their asthma medication
2. It is your responsibility to ensure that your child has their 'relieving' medication with them in school and that it is clearly labelled with their name
3. You should confirm this with your child's class teacher
4. It is your responsibility to ensure that your child's asthma medication has not expired
5. Your child should not be exposed to cigarette smoke



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## Parental Agreement for School to Administer Emergency Inhaler Medication

The school will not give your child medicine unless you complete and sign this form

Name of child	
Date of Birth	
Class	
Medical condition or illness	
Name and phone no. of GP	
Name/type of medicine (as described on the container)	
Dosage and method	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	
<b>Emergency contact details</b>	
Name	
Daytime telephone no.	
Relationship to child	
Address	

I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes to my child's medication in writing.

In the case of my child having an asthma attack whilst at school, should my child's school have an emergency salbutamol inhaler available, I am consenting for my child to be treated with this emergency salbutamol inhaler should their own inhaler be unavailable for use.

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

Please note: It is your responsibility to ensure that the school is kept informed about changes to your child's medicines, including how much they take and when. It is also your responsibility to provide the school with medication that is clearly labelled and in date.



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## School Asthma Health Care Plan

Child's name	
Date of birth	
Class	
Child's address	
Date asthma diagnosed	

### Family contact information

Parent/Guardian's Name	
Phone no. (work)	
Phone no. (home)	
Phone no. (mobile)	
Other contact Name	
Phone no. (work)	
Phone no. (home)	
Phone no. (mobile)	

### G.P.

Name	
Phone no.	

### Clinic/Hospital Contact

Name	
Phone no.	



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## Request for a child to carry their own medication

Name of school	
Name of child	
Class	
Address	
Medicine	
Procedures to be taken in an emergency	

## Contact information

Name	
Daytime phone no.	
Relationship to child	

I would like my son/daughter to keep their medicine themselves for use as necessary.  
I have made them aware that if they use it they must tell an adult so that it can be recorded.

Signed \_\_\_\_\_

Print name \_\_\_\_\_

Relationship to pupil \_\_\_\_\_

Date \_\_\_\_\_



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