

# Mawgan-in-Pydar School

Dear Parents

## School Statement on Care of Pupils with Asthma

This school takes responsibilities to pupils with asthma very seriously. The school has an established asthma policy based on the policy and guidelines determined by the Local Education Authority as advised by and agreed with the Health Authority

It is in the interest of your child that we work together to ensure your child's asthma is managed as well as possible. With good management your child should rarely suffer asthma attacks and should be able to participate in a full and active school life free from fear or worry. However in order to be able to offer total support to every child with asthma we need full details of their treatment plan and be advised of any changes.

When assisting your child to overcome asthma, the child will normally take the medicine prescribed by their doctor. However, in emergency cases there may be occasions when we are unable to reach you quickly. Given the possibility that there could be a life-threatening delay under some circumstances, the school would wish to do all it could to assist a child in great distress.

The school has an emergency kit available for such children who are known to have asthma. Given the safety of asthma reliever medicines and the support of the LEA/Medical Authorities for this course of action the school offers this facility to all children diagnosed as having asthma. If you have any queries or concerns regarding the school asthma policy please contact the school and make arrangements to come and discuss your concerns.

Please make sure that if your child suffers from asthma the form is returned to school.

Thank you.

Yours sincerely

VANESSA BRAGG

## Mawgan-in-Pydar School

## Asthma Consent Form

Name of Child \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Doctors Name \_\_\_\_\_ Telephone \_\_\_\_\_

Description of medication used \_\_\_\_\_

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### Section 1

I undertake to inform the school immediately if my child's medication/treatment is changed.  
I confirm that: -

1. My child is able to take responsibility for self-administration of their asthma medication and is able to carry their asthma device at school.

OR

2. My child is not able to self-administer their asthma medication and will require assistance
3. My child's inhaler is clearly named.

(Please delete 1 or 2 as applicable)

### Section 2

I have read carefully the school statement regarding the administration of an asthma reliever to my child in emergency circumstance. Whilst my preference is for my child to receive their own medication at all times I accept that under certain circumstances it may be necessary/advisable for substitute medication to be provided

I understand an asthma reliever medicine, contained in the Asthma Emergency Kit may be used. I understand that under these circumstance the school will: -

- a) Try to contact me
- b) If necessary, call the doctor or emergency services
- c) Notify the school nurse of the incident.

I have read both sections and give consent to the above actions in section 2 being taken if considered necessary.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_