



Hollinsclough C of E Academy

Asthma Care Plan and Medication Consent: 2017

Mission Statement

To encourage high levels of achievement through the enthusiasm and joy of learning, coupled with a creative curriculum and a holistic approach to education that reflects Christian values and supports our community. We guarantee accessibility and availability to all.

Developing potential

Dear **Parent / Carer**,

If your child has been medically diagnosed with asthma and has then been prescribed reliever therapy (**Blue inhaler**), please complete this form which gives your consent for our staff to oversee (or support) the administering of the medication when / if required.

Please provide sight of the prescription to confirm the medical diagnosis.

I hereby give my consent for academy staff to give my child reliever therapy for the treatment of asthma if required. I understand that I will only be informed if multiple treatments have been given beyond that specified below.

Name of child:

Date of birth:

Name of Inhaler: Number of Puffs:

The frequency of treatment

If your child has an asthma attack, the schools emergency procedure will be followed.

A scanned copy of this Asthma Care Plan / Consent document will be sent to you.

Please ensure that your child has a **SPARE reliever inhaler** for use in the academy – the inhaler is required to have your child’s name and prescription label attached and should include the **spacer if required**, this inhaler will **be** kept in school.

The inhaler you supply should be within its **expiry date**, and it is your responsibility to ensure that this remains so.

If your child experiences breathing problems, especially at night or after exercise, or when laughing or crying, or he/she suffers from repeated chest infections, please contact your Medical Practice / Nurse to seek additional advice.

Signed Parent / Carer _____

Print Name _____ Date _____

School Office confirm sight of the prescription and the above dosage

Signed

Print Name Date