



Dear Parent/Carer

### **School Asthma Care Plan**

This school takes its responsibilities to pupils with asthma very seriously and has an Asthma Policy to enable trained staff members to help your child, which is detailed below.

It is in the interests 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 his/her treatment plan and to 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 LA/medical authorities for this course of action, the school offers this facility to all children diagnosed as having asthma.

So that your child can benefit from our policy I should be grateful if you would complete the School Asthma Care Plan form on the back of this letter. The information on this form will enable us to decide what steps need to be taken if your child has an asthma attack at school. It is therefore also very important that this record is updated if and when treatment is changed. The school is committed to the implementation of this policy and I look forward to receiving the completed form to enable your child to receive the best possible attention should an asthma attack occur.

If you have any questions or concerns regarding the School Asthma Care Policy please contact the school and make arrangements to come in and discuss your concerns.

If your child does not suffer from asthma or you feel this letter does not apply to your child please tick the 'This letter does not apply to my child' box on the Asthma Care Plan for our records. Thank you.

Yours sincerely  
Lucy Wandless  
Executive Headteacher

**It is ESSENTIAL this section is completed – thank you**

**Part 1**

Name of child: ..... D.O.B.: .....

Address:

.....  
.....

Telephone number/s: .....

Name of G.P.: .....Tel. No.: .....

Description of treatment:

.....

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

I confirm that my child is able to take responsibility for the self-administration of his/her asthma medication and is able to carry his/her asthma device at school. My child's inhaler is named above.

Signed Parent/Carer: ..... Date: .....

**Part 2**

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

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

- 1) Try to contact me
- 2) If necessary, call the doctor or emergency services

I give my consent to the above actions being taken if considered necessary.

Signed Parent/Carer: ..... Date: .....

**THE ASTHMA CARE PLAN DOES NOT APPLY TO MY CHILD**

Name of

child:.....Signed.....Date.....