



MAPLE TREE PRIMARY SCHOOL

Climbing the branches of success

Hawk Drive, Sandy, Bedfordshire, SG19 2WA

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Web site: www.mapletreeprimaryschool.com

Headteacher: Mrs C Bainbridge B Ed Hons

Deputy Head: Miss A Hyde PGCE

Dear Parent/Guardian,

The Governors have put in place a policy for the management of asthma in school. This policy is based on the recommendations of the National Asthma Campaign, The Department for Employment and Education, The Local Education Authority and the School Health Service. We would be grateful if you would fill in the two forms overleaf and return them to the school as soon as possible. You might need to ask your child's GP or the Practice Nurse to help with this. These forms will be kept in school as a record of your child's asthma treatment. Please let us know if your child's regular treatment is changed at any time. It is important that you tell us so that our records can be updated.

If your child is likely to need asthma treatment while at school, please ensure that your child has their inhaler at school at all times, including school trips. The inhaler must be clearly marked with their name and its expiry date. Your child's inhaler will be kept in the school's medical room and he/she will have access to their medication at all times.

Poorly controlled asthma can interfere with a child's school performance. Please let your child's Form Tutor know if your child's asthma is more troublesome than usual, especially if their sleep is being disturbed.

If your child has been prescribed a metered dose reliever inhaler the school will also require a large volume spacer, which can be used to deliver larger doses of reliever medication in the event of a severe asthma attack. If you consent to your child being given emergency treatment in such a situation, please sign the consent form attached.

At the end of the academic year all spare inhalers kept in the school office will be returned to you for cleaning and checking for expiry dates, then new inhalers can be obtained for the beginning of the Autumn Term if needed.

Should you have any problems regarding this letter or the forms, please get in touch with the Head Teacher's Secretary, who will be able to help you or to put you in touch with the School Nurse.

Yours sincerely

Mrs C Bainbridge
Headteacher



Emergency Treatment Consent Form

I am the parent/guardian of

I understand that I am responsible for ensuring that my child is provided with their asthma medication in school.

I consent to my child being given extra relief medication in the event of him/her suffering a severe asthma attack.

If my child has been prescribed with a metered dose bronchodilator, I will ensure that the school also has a large volume spacer to use with it, especially in case of a severe asthma attack

I consent to the school calling an ambulance should my child have a severe asthma attack and does not respond to the usual dose of reliever inhaler after the recommended five to ten minutes. I understand that I will be informed of the situation and the action taken by the school as soon as possible.

I understand that I shall be informed if my child's asthma appears to be deteriorating in school, so that I can inform the GP or Practice Nurse.

Signed:.....parent/guardian

Name: (printed).....

Date:.....

Asthma Medication Form



Name of Child: _____ Date of Birth: _____

Please state which inhalers/medicines are likely to be needed in school and the likely indications for use.
(Such as: Relievers, before Games/going out in the cold. Preventers: child needing to use certain number of times a day)

Inhaler: _____

Likely reasons for use: _____

Inhaler/Medicine: _____

Likely reasons for use: _____

Inhaler/Medicine: _____

Likely reasons for use: _____

Has your child got a self-management plan? Yes/No

Has your child been prescribed a metered dose reliever inhaler to be used with a spacer in the event of a severe attack? Yes/No

Please give **TWO** contact numbers in the case of an emergency:

Name: _____ Tel.No. _____

Name: _____ Tel.No. _____

Name of GP: _____ Tel.No. _____

GP Practice Asthma Nurse: _____ Tel.No. _____

Signed: _____ parent/guardian

Name (printed) _____

Date: _____

PRESCRIBED MEDICINE RECORD



All medication should be in the original container from the chemist, marked clearly with your child's name and class

Child's Name _____

Class/tutor Group _____

Name of prescribed medicine _____

Strength of medicine if appropriate _____

Expiry date of medication _____

How much to give (i.e.dose) _____

When to be given _____

Any other instructions (include details for inhalers if any) _____

Phone No. of parent or adult contact _____

Tick appropriate box
Medicine to be left at school

Medicine to be taken home each day
e.g. antibiotics

In consideration for the Headteacher or the school staff agreeing to give medication to my/our above named child during school hours, I/we agree to indemnify the Headteacher, the school staff and the Local Authority against all claims. Costs, actions and demands whatsoever resulting from the administration of the medicine unless such claims, costs, actions or demands result out of the negligence of the Headteacher, the school staff or the Local Authority.

Parent/Carer's signature. _____

If more than one medicine is to be given a separate form should be completed for each.

DATE													
TIME GIVEN													
SIGN													

Date medicine returned to parent on completion of course of medicine. _____

Medicine Record Continued:

DATE													
TIME GIVEN													
SIGN													

DATE													
TIME GIVEN													
SIGN													

DATE													
TIME GIVEN													
SIGN													

DATE													
TIME GIVEN													
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