



## Ravensmead Primary School

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**Headteacher:** Mr D. Bell, B.Ed (Hons), M.A

6<sup>th</sup> February, 2015

### Asthma Care Plans/Emergency inhaler

Dear Parents/Carers,

As part of our care for children who are diagnosed as Asthmatic, we are now allowed to keep an "emergency inhaler" in school.

Due to this change in policy and procedure we are therefore sending new documentation out to pupils who are currently on our Asthma register. Therefore we would ask you to complete the attached documentation to confirm that you are happy for your child to use the school emergency inhaler, if their own inhaler is not available. With regards to the care plan please sign this appropriately, dates will be added to the plan by the school.

Please can you return the letters to school **by Friday 13<sup>th</sup> February.**

We would ask parents of any children in school to make sure that we are up to date with any of their medical conditions and if your child has recently been diagnosed as having Asthma, please notify us so that they can be recorded onto our Asthma register. In addition if your child no longer suffers from Asthma, please inform the school so our records can be updated. (We believe that the NHS recommend annual Asthma checks to see whether medication is still required).

Yours sincerely,

Mrs M. Goodall  
Assistant Headteacher

Mrs C. Burrows  
KS1 Manager

Mrs J. Russell  
KS2 Manager



# School Asthma Care Plan

**Name:**

**D.O.B:**

**School:**

<b><u>Identified Need</u></b>	<b><u>Action Plan</u></b>	<b><u>Step 1</u></b>	<b><u>Date:</u></b>
<p><i>To promote Optimum health by maintaining good control of Asthma symptoms.</i></p>	<p><i>School staff are able to identify when reliever inhaler is needed.</i></p> <p><i>Consent for medication in school(Including school emergency salbutamol if available)</i></p> <p><i>Easy access to inhalers whilst in school</i></p> <p><i>To monitor and record inhaler use</i></p>	<p><i>Staff Training completed</i></p>	
		<p><b><u>Step 2</u></b></p> <p><i>To ensure appropriate consent forms are signed.</i></p>	<p><i>Consent form sent to parents</i></p>
		<p><b><u>Step 3</u></b></p> <p><i>Parents to supply inhaler and spacer.</i></p>	
		<p><b><u>Step 4</u></b></p> <p><i>Parents to check expiry dates and change accordingly.</i></p>	<p><i>Inhaler expiry date:</i></p>
		<p><b><u>Step 5</u></b></p> <p><i>School staff should complete audit form and inform parent when reliever inhaler used during school day</i></p>	

Triggers (if known)

**Signatures:** \_\_\_\_\_  
 Parent/carer      School staff      School Nurse      Date \_\_\_\_\_

Reviewed- February, 2015  
 Next Review – September, 2015



# Asthma Care Plan and Medication: Consent

If your child has been diagnosed with asthma and/or has been prescribed reliever therapy (Blue inhaler) please complete the first part of this form which gives your consent for school staff to give this if required.

In the event of my child displaying symptoms of asthma or prior to PE (if required), I consent for my child to receive their own reliever inhaler. If my child has asthma symptoms and their own inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler if this is available in school

Name of child: .....

Date of birth: .....

School: .....

Name of Inhaler:..... Number of Puffs: .....

**Signed Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Parent's Contact Number: .....

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

A copy of your child's school asthma care plan will be sent to you.

Please ensure that your child has a **SPARE reliever inhaler** and **spacer** kept in school and that your child's inhaler is within its **expiry date**.

N.B:

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 School Nurse