

Windlesham Village Infant School

Asthma medication request and record form



Contact Details

Name of Pupil	Class
Parent Name	Parent Contact Number

Asthma Medication Details

For shortness of breath, sudden tightness in the chest, wheeze or cough, please help or allow my child to take the medicine detailed below. After treatment and as soon as they feel better they can return to normal activity.

Name of medication			
Expiry date		Spacer provided?	Yes / No
Inhaler to be administered routinely before exercise?	Yes / No	Number of puffs	

In the event of an emergency, I give permission for my child to use the school's central reliever inhaler and spacer	Yes / No
Does your child need to take any other asthma medicines while in the school's care?	Yes / No
If yes above, please provide details (a separate form for administering this medicine may be required):	

About your child

What signs can indicate that your child is having an asthma attack?					
Does your child tell you when they need medicine?			Yes / No		
Does your child need help taking their asthma medicine?			Yes / No		
What are your child's triggers (things that make their asthma worse)?					
Pollen	<input type="checkbox"/>	Exercise	<input type="checkbox"/>	Cold/Flu	<input type="checkbox"/>
Stress	<input type="checkbox"/>	Weather	<input type="checkbox"/>	Air pollution	<input type="checkbox"/>
Other (please specify):					

Internal use only. Inhaler stored in: Classroom Office Both

Declaration and signature

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the relevant policies. I will inform the school immediately, in writing, of any changes to the above.

Signed: _____
(Parent / Carer)

Date: _____

Actions to take if a child is having an asthma attack

(Source: Asthma & Lung UK)

1. Help them to sit up – don't let them lie down. Try to keep them calm.
2. Help them take one puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If they don't have their reliever inhaler, or it's not helping, or if you are worried at any time, call 999 for an ambulance.
4. If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2.
5. If their symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately.

Record of administration

Name of Pupil	Class

Date	Time	# Puffs	Staff member in attendance

Continue on new sheet if required