



Ashcombe Primary School

Earlham Grove
Weston-super-Mare
Somerset
BS23 3JW
Tel: 01934 620141

Headteacher Chris Penny
Deputy Headteacher: Kerry Evans
Assistant Headteacher: Steve Burditt

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Dear parent/carer of

Our records show that your child has an asthma condition.

We take this very seriously in school and have clear procedures for managing it.

So that we can accurately meet your child's needs and keep our records up to date please complete the attached forms and return them to the school office via your child's class teacher as soon as possible.

We will keep this information on file for use by teachers and other staff. Every year we will check with you that this information is still correct. If your child's asthma condition changes significantly (either better or worse) please let us know immediately.

Children's inhalers in reception classes, years 1 and 2 will be held by the class teacher in a designated first aid cupboard.

Children in years 3-6 will be responsible for their own inhalers during the school day.

Please ensure your child has an inhaler (in date), available to them when necessary especially on PE/swimming days or during school trips.

If however your child no longer requires an inhaler in school please indicate below

My child In class.....

Is no longer asthmatic and does not require an inhaler in school.

Signed:.....

Parent/Carer

Thank you for your assistance

Yours sincerely
Chris Penny
Headteacher

ASHCOMBE PRIMARY SCHOOL ASTHMA RECORD

Name of child:	Class teacher:
Name of child's doctor:	Tel No:

1. Would you say your child's condition is	*Very severe/severe/average/mild/very mild
2. How often does your child use their inhaler on average?	*Daily/once or twice per week/rarely/almost never
3. If you answered daily, how often during the day is the inhaler used?	*Once at a fixed time of day/more than once at a fixed time of day/at various times as needed/fixed times and as needed
4. Are there any circumstances which appear to trigger an asthma attack?	
5. Does your child always have an inhaler in school?	*Yes / No
6. Is the inhaler clearly labelled with your child's name?	*Yes / No
7. Where does your child store their inhaler in school?	
8. Which drug is the inhaler?	
9. What colour is the inhaler?	
10. Does your child know when and how to use the inhaler?	*Yes / No
11. Can your child use the inhaler effectively without adult help?	*Yes / No
12. Does your child have any other medical treatment or equipment (e.g. nebulizer, injections etc.) to control their asthma?	If so please give details...

**please delete as appropriate*

Any other medical conditions or comments?	
Signed:	Parent/carer:
Date:	Emergency contact no:

REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION (Years 3 - 6 only)

This form must be completed by parent/carer

Name:	Class:
Address:	Condition of illness:
Name of Medicine:	Procedure to be taken in an emergency:

Contact information

Name:	Relationship to child:
Phone number:	

I wish for my child to keep his/her medication on him/her for use as necessary.

Signed:..... Date:

Relationship to child:.....