



Ashcombe Primary School

Earlham Grove
Weston-super-Mare
BS23 3JW
Tel: 01934 620141
office@ashcombe.kmat.co.uk

Headteacher: Chris Penny
Deputy Headteacher: Kerry Evans

Dear parent/carers

Thank you for advising us 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 will be held by the class teacher in a designated first aid cupboard which can be accessed throughout the day.

Please ensure your child has an inhaler (in date), available to them when necessary especially on PE/swimming days or during school trips, without it they won't be able to participate.

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. How would you describe your child's condition:	Very severe	severe	average	mild	very mild
2. How often does your child use their inhaler on average?	Daily	1 / 2 x 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	at various times as needed	fixed times and as needed	
4. Are there any circumstances which appear to trigger an asthma attack?					
5. What is the child's need for an inhaler?	Seasonal	temporary	medical	ongoing	
6. Is the inhaler clearly labelled with your child's name?	Yes			No	
7. Which drug is the inhaler?					
8. What colour is the inhaler?					
9. Does your child know when and how to use the inhaler?	Yes			No	
10. Can your child use the inhaler effectively without adult help?	Yes			No	
11. Does your child have any other medical treatment or equipment (e.g. nebulizer, injections etc.) to control their asthma?	If so please give details:				

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