



Singleton Church of England Primary School



Church Road, Singleton, Poulton-le-Fylde FY6 8LN
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<http://www.singleton.lancs.sch.uk/>
 Head teacher: Mrs. Amanda Clayton

ASTHMA RECORD

Consent Form for Additional Support/ Information Sharing

NAME	DATE OF BIRTH	CLASS
ADDRESS	MEDICAL DIAGNOSIS	KNOWN ALLERGIES
PARENTS NAME	PARENTS NAME	
CONTACT DETAILS (WORK) (HOME) (MOBILE)	CONTACT DETAILS (WORK) (HOME) (MOBILE)	

KNOWN TRIGGERS	NO MEDICATION IN SCHOOL <u>Disclaimer</u> My child does not require any medication to be held in school Signature Date
ANY OTHER MEDICAL PROBLEMS	

My Child's Medication in school			
Reliever medication (usually blue)			
Medication name (e.g. SALBUTAMOL)	Device (e.g.) Inhaler	Dose (e.g. 1 puff)	When taken (e.g. when wheezy, before exercise)

I can confirm that I give consent for:-

- For information, I give to school to be shared with appropriate members of staff and outside agencies. (e.g. PE Coaches, School Cook)
- For a my child's photo and medical needs protocols to appear on a medical alert poster – which will be displayed in areas such as near the teachers desk, in the school office and in the school kitchen so that all adults (including those from external agencies) are aware and can respond to my child's needs effectively
- In the event of a severe asthma I am happy for my child to receive up to 10-20 puffs of their reliever (usually Salbutamol) inhaler via a spacer until they get further medical help.

Signed: (Parent) Date

Key points for parents to remember:

This record is for your school. Remember to update it if treatment is changed. Remember to check you have enough inhaler doses and that the inhaler is in date and labelled by the pharmacist with your child's name and dosage details.