

ASTHMA – POLICY AND GUIDELINES

Policy for Asthma
Wellbeing Committee
Reviewed: Spring 2019
For Review: Spring 2022

The aim for all children with asthma in this school is one of full participation for all but the most severely affected pupil.

This school welcomes all pupils with asthma and

- will encourage and help children with asthma to participate fully in all aspects of school life;
- recognises that asthma can be a serious condition affecting many school children;
- recognises that immediate access to inhalers is vital;
- will do all it can to make sure that the school environment is favourable to children with asthma;
- will ensure that other children understand asthma so that they can support their friends; and so that children with asthma can avoid the stigma sometimes attached to this chronic condition;
- has a clear understanding of what to do in the event of a child having an attack;
- will work in partnership with parents, school governors, health professionals, school staff and children to ensure that successful implementation of this policy.

Guidelines:

Parents must have signed the 'authority to administer prescribed medicines' form held in the school office (appendix i), giving permission for school first aiders to help the children with their inhalers.

All children who use inhalers store them in their classroom dedicated first aid box.

Parents are responsible to note expiration dates and ensure medicines in school are in date.

No spare inhalers must be left in the child's personal school bag.

If a child has a bad attack and the inhaler does not relieve the condition an ambulance must be called. The caller should stress that a child is having an asthma attack.

Reviewed Spring 2019

Appendix i: Authority to administer prescribed medicines form

High expectations by all, for all, reflecting the example of Jesus

ST LUKE'S C.E. PRIMARY SCHOOL

Parental Agreement for School to Administer Medicine or Self-Administration of medication
The school will not give your child medicine unless you complete and sign this form

Name of Child	
Date of Birth	
Class/form	
Medical Condition	

Medication to: be administered by school/ be self-administered (Delete as applicable)

Inhalers, epi-pens and blood glucose testing meters will be kept in both the school office and the classroom so two will be required. If your child has any medication that may be required urgently please discuss with school office.

Medicine	
Name/Type of Medicine	
Date Dispensed	
Expiry Date	
Agreed review date	
Dosage and method	
Time	
Special precautions	
Possible side effects	
Emergency procedures	

Contact Details	
Name	
Daytime Telephone	
Relationship to pupil	
Address	
Medicines will be delivered to: (named member of staff)	

I agree that the medical information contained in this plan may be shared with individuals involved with my/my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing. .

Name:..... Signature:..... Date:

Headteacher Authorisation of Administration of Medicine

I authorise that the medicine detailed above should be administered in line with the information given.

Signature:..... Date: