



# MAPLE TREE PRIMARY SCHOOL

Learning. Equality. Achievement. Friendship.

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Headteacher: Mrs C Bainbridge B Ed Hons

Deputy Head: Miss A Hyde PGCE

February 2024

Dear Parent/Carer

The Governors have put in place a policy for the management of asthma in school. This policy is based on the recommendations of the National Asthma Campaign, The Department for Employment and Education, The Local Education Authority and the School Health Service. We would be grateful if you would fill in the two forms overleaf and return them to the school as soon as possible. You might need to ask your child's GP or the Practice Nurse to help with this. These forms will be kept in school as a record of your child's asthma treatment. Please let us know if your child's regular treatment is changed at any time. It is important that you tell us so that our records can be updated.

If your child is likely to need asthma treatment while at school, please ensure that your child has their inhaler in school at all times, including school trips. The inhaler must be in a Clear Ziplock Bag or similar bag clearly marked with their name, class and its expiry date. Your child's inhaler will be kept in the school's medical room and he/she will have access to their medication at all times.

Poorly controlled asthma can interfere with a child's school performance. Please let your child's Class Teacher know if your child's asthma is more troublesome than usual, especially if their sleep is being disturbed.

If your child has been prescribed a metered dose reliever inhaler the school will also require a large volume spacer, which can be used to deliver larger doses of reliever medication in the event of a severe asthma attack. If you consent to your child being given emergency treatment in such a situation, please sign the consent form attached.

At the end of the academic year all spare inhalers kept in the school office will be returned to you for cleaning and checking for expiry dates, then new inhalers can be obtained for the beginning of the Autumn Term if needed.

Should you have any problems regarding this letter or the forms, please get in touch with the School Office who will be able to help you.

Yours sincerely

Cath Bainbridge  
Headteacher



## Emergency Treatment Consent Form

I am the parent/guardian of .....

I understand that I am responsible for ensuring that my child is provided with their asthma medication in school.

I consent to my child being given extra relief medication in the event of him/her suffering a severe asthma attack.

If my child has been prescribed with a metered dose bronchodilator, I will ensure that the school also has a large volume spacer to use with it, especially in case of a severe asthma attack

I consent to the school calling an ambulance should my child have a severe asthma attack and does not respond to the usual dose of reliever inhaler after the recommended five to ten minutes. I understand that I will be informed of the situation and the action taken by the school as soon as possible.

I understand that I shall be informed if my child's asthma appears to be deteriorating in school, so that I can inform the GP or Practice Nurse.

Signed:.....parent/guardian

Name: (printed).....

Date:.....

## Asthma Medication Form



Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please state which inhalers/medicines are likely to be needed in school and the likely indications for use.  
(Such as: Relievers, before Games/going out in the cold. Preventers: child needing to use certain number of times a day)

**Inhaler:** \_\_\_\_\_

Likely reasons for use: \_\_\_\_\_

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Inhaler/Medicine: \_\_\_\_\_

Likely reasons for use: \_\_\_\_\_

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Inhaler/Medicine: \_\_\_\_\_

Likely reasons for use: \_\_\_\_\_

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Has your child got a self-management plan?                      Yes/No

Has your child been prescribed a metered dose  
reliever inhaler to be used with a  
spacer in the event of a severe attack?                      Yes/No

Please give **TWO** contact numbers in the case of an emergency:

Name: \_\_\_\_\_ Tel.No. \_\_\_\_\_

Name: \_\_\_\_\_ Tel.No. \_\_\_\_\_

Name of GP: \_\_\_\_\_ Tel.No. \_\_\_\_\_

GP Practice Asthma Nurse: \_\_\_\_\_ Tel.No. \_\_\_\_\_

Signed: \_\_\_\_\_ parent/guardian

Name (printed) \_\_\_\_\_

Date: \_\_\_\_\_

## PREScribed MEDICINE RECORD



All medication should be in the original container from the chemist, marked clearly with your child's name and class

Child's Name \_\_\_\_\_

Class/tutor Group \_\_\_\_\_

Name of prescribed medicine \_\_\_\_\_

Strength of medicine if appropriate \_\_\_\_\_

Expiry date of medication \_\_\_\_\_

How much to give (i.e.dose) \_\_\_\_\_

When to be given \_\_\_\_\_

Any other instructions (include details for inhalers if any) \_\_\_\_\_

Phone No. of parent or adult contact \_\_\_\_\_

Tick appropriate box  
Medicine to be left at school

Medicine to be taken home each day  
e.g. antibiotics

In consideration for the Headteacher or the school staff agreeing to give medication to my/our above named child during school hours, I/we agree to indemnify the Headteacher, the school staff and the Local Authority against all claims. Costs, actions and demands whatsoever resulting from the administration of the medicine unless such claims, costs, actions or demands result out of the negligence of the Headteacher, the school staff or the Local Authority.

Parent/Carer's signature. \_\_\_\_\_

*If more than one medicine is to be given a separate form should be completed for each.*

DATE													
TIME GIVEN													
SIGN													

Date medicine returned to parent on completion of course of medicine. \_\_\_\_\_

Medicine Record Continued:

DATE													
TIME GIVEN													
SIGN													

DATE													
TIME GIVEN													
SIGN													

DATE													
TIME GIVEN													
SIGN													

DATE													
TIME GIVEN													
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DATE													
TIME GIVEN													
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