

NONSUCH HIGH SCHOOL FOR GIRLS



ASTHMA QUESTIONNAIRE (Information will be treated as strictly confidential)

Please would you fill in the following information so we have accurate records about your child's Asthma.

Surname:	
Forename:	
Form Group:	
Date of Birth:	

Please give accurate details of your child's inhalers/medicines. Include the dosage (how much) and frequency (how often).

Medicine Name:	
Dosage:	

Medicine Name:	
Dosage:	

Medicine Name:	
Dosage:	

Do they need to take the inhaler before PE or other exercise?	Yes	No
Have they ever been in hospital because of Asthma? If so when.	Yes	No

What are your child's triggers (things that make their Asthma worse)? Do they have any specific symptoms?
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Your child may keep a spare inhaler in the medical room in case it is needed. You will need to fill out a "Request for School to Administer Medicine" form to enable this, which can be obtained from the Contact Us area on our Website.

We are now allowed to keep spare Salbutamol Inhalers and Air-spaces in school for use in emergencies, in the event of a child displaying symptoms of asthma, and if their own inhaler is not available or is unusable.

However, we can ONLY use these for those children whose parents have returned a signed consent form, which you will find overleaf.

CONSENT FORM: for use of emergency Salbutamol Inhaler in the event of pupil showing symptoms of asthma / having asthma attack.

I can confirm that my child has been prescribed an inhaler.

My child has a working, in-date inhaler (and air-space, if prescribed), clearly labelled with their name, which they will bring with them to school every day (and/or) is to be kept available in the First Aid Room.

In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

<p>Child's Name:</p> <p>Please print clearly FULL NAME</p>	<p>Form:</p>
<p>Parent/Carer Name:</p> <p>Please print name</p>	<p>Date of Birth:</p>
<p>Parent/Carer Signature:</p>	<p>Date:</p>
<p>Telephone Numbers:</p> <p>Home:</p> <p>Work:</p> <p>Mobile:</p> <p>(Please include home, work and mobile numbers)</p>	<p>Parent's Address:</p> <p>Email address:</p>