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Headteacher - Miss S Whelan

CONSENT FOR THE USE OF EMERGENCY SALBUTAMOL (VENTOLIN) INHALER

Guidance from the Department of Health (see link below) allows schools to keep a Salbutamol inhaler for use in an emergency if the child's own is unavailable or unusable. However, written consent must have been obtained from parents/guardians prior to the administration of the emergency Salbutamol. Therefore, please complete the consent slip below and return it to the School Nurse as soon as possible.

Staff management of an asthma attack follows the recommendations from the Department of Health and Asthma UK (see links below). Having a Ventolin inhaler on site for emergencies, means that should your child be unable to find their inhaler or it is unusable they will be able to access the emergency one. It should be noted that the school still highly recommends that each student carries their own Salbutamol inhaler. Parents/guardians can provide a 'back-up' to be stored in the Medical Room if they wish.

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CONSENT FOR USE OF EMERGENCY SALBUTAMOL (VENTOLIN) INHALER Pupil's name: Tutor Group: Child showing symptoms of asthma / having asthma attack 1. I can confirm that my child has been diagnosed with asthma and/or has been prescribed an inhaler [delete as appropriate]. 2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day. 3. 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 (Ventolin) from an emergency inhaler held by the school for such emergencies. Signed: Name: (print) Date:

Guidance on the use of emergency salbutamol inhalers in schools.

https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools

Asthma UK

http://www.asthma.org.uk/







School **Asthma Card**

To be filled in by	the parent/car	er			
Child's name			1 1		
		1 1 1	1 1	1 1 1	
Date of birth					
Address				1	
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	1 1 1		1 1		_
					_
Parent/carer's na	me				
Telephone – hom	e				
Telephone – work					
Telephone – mob	ile		1 1		ī
Doctor/nurse's na	ame				Ħ.
Doctor/nurse's					=
telephone					
For wheeze, cou the chest, give o below. After trea can return to no	r allow my chil tment and as s	d to take	the medic	ines	1
Medicine		Parent/c	carer's sign	ature	
					<u> </u>
Expiry dates of r	nedicines chec	:ked			
Medicine	Date checked		Parent/ca	arer's signatu	re
	<u> </u>				
What signs can	indicate that y	our child i	is having	an attack?	
					_
Parent/carer's s	ionature				
	ignature	Date	9		
	ignature	Date			

Does your child tell you when he/she needs medicine? Yes No Does your child need help taking his/her asthma medicine? Yes No						
What are your child's triggers (things that make their asthma worse)?						
Does your child need to take any medicines before exercise or play? Yes No						
If yes, please describe below						
Medicine	How much and when taken					
Does your child need to take any other asthma medicines while in the school's care? Yes No						
If yes, please describe below						
Medicine	How much and when taken					

Dates card checked by doctor or nurse

ı	Date	Name	Job title	Signature
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What to do in an asthma attack

- 1 Make sure the child takes one to two puffs of their reliever inhaler, (usually blue) preferably through a spacer
- 2 Sit the child up and encourage them to take slow steady breaths
- 3 If no immediate improvement, make sure the child takes two puffs of reliever inhaler, (one puff at a time) every two minutes. They can take up to ten puffs
- 4 If the child does not feel better after taking their inhaler as above, or if you are worried at any time, call 999 for an ambulance. If an ambulance does not arrive within ten minutes repeat step 3.

Asthma UK Adviceline Ask an asthma nurse specialist 0800 121 62 55 asthma.org.uk/adviceline 9am-5pm, Monday-Friday

Asthma UK Summit House, 70 Wilson Street, London EC2A 2DB T 020 7786 4900 F 020 7256 6075



