



PENSANS COMMUNITY PRIMARY SCHOOL

Madron Road, Penzance, TR20 8UH

Telephone: 01736 363627

head@pensans.cornwall.sch.uk

www.pensansprimary.co.uk

Headteacher: Ms A Clay BA (Hons) QTS



Care for Pupils with Asthma

Dear Parent,

Pensans Community Primary School and Nursery takes responsibility to pupils with asthma very seriously. The school/nursery has an established asthma policy based on the policy and guidelines determined by the Health Community.

It is in the interests of your child that we work together to ensure your child's asthma is managed as well as is possible. With good management your child should rarely suffer asthma attacks and should be able to participate in full and active school life free from fear or worry. However, in order to be able to offer total support to every child with asthma we need full details of his/her treatment plan and to be advised of any changes.

In the event of your child requiring asthma medication, this will normally be the medicine prescribed by their doctor. However, there may be occasion when your child's usual medication is unavailable. Given the possibility that there could be a life-threatening delay under some circumstances, the school would wish to do all it could to assist your child.

In this situation the school will administer an emergency inhaler from a Kit kept in the school for such purposes. This action has the support off the Medical Authorities, and the school offers this facility to all children diagnosed as having asthma and on the school asthma register.

If you have any queries or concerns regarding the school asthma policy please contact the school and make arrangements to come in and discuss your concerns.

Yours sincerely

Angela Clay
Headteacher



ASTHMA TREATMENT CONSENT FORM

The Headteacher of Pensans Community Primary School/Nursery

I have read carefully the school statement regarding the administration of an asthma reliever to my child in emergency circumstances.

Whilst my preference is for my child to receive his/her own medication at all times, I accept that under certain circumstances it may be necessary/advisable for substitute medication to be provided.

I understand an asthma reliever medicine, contained in the Asthma Emergency Kit may be used.

I understand that under these circumstances the school will:

1. Try to contact me.
2. If necessary, call the doctor or emergency services.
3. Notify the school nurser on the incident.

I give my consent to the above actions being taken if considered necessary.

Signed..... Date.....

Please print name.....

Parent of.....

Date of birth of pupil.....

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PENSANS COMMUNITY PRIMARY SCHOOL/NURSERY ASTHMA CARE PLAN

NAME OF CHILD..... D.O.B.....

ADDRESS

TELEPHONE: a..... b.....

GP'S NAME..... TEL.....

DESCRIPTION OF

TREATMENT.....

.....

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I understand to inform the school immediately if my child's medication/treatment is changed.

I confirm that:

a) My child is able to take responsibility for the self-administration of his/her asthma medication and is able to carry his/her asthma device at school.

b) My child is not able to self-administer his/her asthma medication and will require assistance.

(Please delete a or b as applicable)

Signed..... PRINT NAME.....

Date.....

