



Bentilee Nursery School -Asthma Policy

Date- Autumn 1st half term 2019

Review date- Autumn 1st half term 2022

This school:-

- Welcomes pupils with asthma
- Recognises asthma as an important condition
- Encourages and helps children with asthma to participate fully in school life
- Recognises the need for immediate access to inhalers
- States that each child must have their own inhaler in school (the blue reliever medication)
- Attempts to provide a school environment as favourable as possible to asthmatic children
- Ensures all staff understand asthma and what to do in the event of an attack, and will if necessary give emergency treatment
- Will inform parents of attacks and any treatment given
- Works with parents, governors, school staff and the school health service to ensure the successful implementation of the school asthma policy
- Does not assume responsibility for the routine treatment of asthma which remains the prerogative of the parent in conjunction with the child's GP.



Bentilee Nursery School Asthma- Parental information

The school has an asthma policy and maintains a register of pupils with asthma. Your child may have been diagnosed as asthmatic or alternatively they may experience breathing difficulties or suffer from a persistent cough, especially at night, after exercise or when laughing or crying. S/he may have repeated chest infections.

If your child does have asthma or any of the other problems described above please complete the form below and return it to school. You may wish to discuss the problems fully with your GP in order that we can make the best provision for your child's safety in school. If your child is prescribed reliever therapy (blue inhaler) please also complete the second part of the form which gives your consent for school to administer this.

Please be aware that the school **does not** have any emergency inhalers in school.

If your child should develop asthma during their time at school please inform us as soon as possible.

JULIET LEVINGSTONE HEAD TEACHER MA PRIMARY EDUCATION

Child's name _____

Asthma____cough____breathing problems____chest infections_____

Signed parent / guardian_____

Please tick as appropriate.

Child's Name_____

I agree to provide the Nursery with a prescribed relief medication (blue inhaler) that is permanently kept at school

I hereby give my consent for school staff to give my child reliever therapy for his / her asthma. I understand that I will be informed when treatment has been required other than for routine use prior to physical exercise etc.

Signed Parent /Guardian_____date_____



Tel:- 235065

Dear _____

Your child has had problems with his / her breathing today. This has required the use of their own relief medication.

You are strongly advised to have your child seen by your doctor, especially if your child is not known to be asthmatic, as soon as possible.

Yours sincerely,

A handwritten signature in purple ink that reads "Juliet Levingstone". The signature is written in a cursive style.

JULIET LEVINGSTONE HEAD TEACHER MA PRIMARY EDUCATION

- Copy to be kept in asthma box.**

