Together we care, together we succeed



DUDLEY SCHOOLS ASTHMA POLICY

Dear Parent/Guardian

I am pleased to advise you that this school takes its responsibility to pupils with asthma very seriously, and would like to be regarded as an 'asthma friendly' school. By working in close collaboration with local Specialist Paediatric Asthma Team, the School Health Service, Children's Services and Asthma UK we have recently joined with many other schools and signed up to a Dudley wide School Asthma Policy.

As part of the School Asthma Policy we need to compile a register of pupils with asthma and also of pupils who may be experiencing 'asthma type' symptoms. In order to help us with this would you please complete the enclosed questionnaire and return it to school as soon as possible.

The School Health Advisor may contact you again to request further detailed asthma information, which will be recorded on the asthma record form. The availability of this information is extremely important as it will enable school staff to offer the safest and best possible care to pupils with asthma at all times.

Thank you for your co-operation in this important matter.

Yours sincerely,

Mrs A Hannaway Headteacher

Dudley Schools Asthma Policy

Asthma Questionnaire

Child's Name								
Contact telephone/mobile no								
School and Class								
Date of BirthDoctor (GP)								
Hospital Consultant								
Question 1	Yes	No						
Is there a family history of Asthma?								
Question 2								
Does your child suffer from :								
- Recurrent chest infections								
- Allergies								
- Persistent night coughs								
- Persistent wheezing								
- Cough or wheeze after exercise								
Question 3								
Has your child been diagnosed with asthma?								
Question 4								
If your child is known to have asthma has the school been informed?								
Question 5								
Does your child take any medication?								
Please specify								

Quest	tion 6				Yes	No		
Does	Does your child need help to use their inhaler?							
Question 7								
How often does your child experience symptoms i.e. cough/wheeze (please tick one box only)								
b)	Most days Every few days Once a week		ŕ	Every month Once or twice Varies Specify	•			
Question 8 Yes Does your child ever miss PE/Games at school because								
of Asthma?								
How often? Please specify								
Question 9								
How many times in the last 12 months has your child: (Please specify number of times in the boxes)								
a) Been admitted to hospital because of asthma								
b)	b) Seen a General Practitioner for an asthma attack/episode							
c) Attended the Surgery Asthma Clinic								
d)	d) Visited the Hospital Out-Patient Clinic							
Any other comments (please answer in the box below)								