



## 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 Birth \_\_\_\_\_ Doctor (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

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### 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

\_\_\_\_\_

[illegible]