**DATA COLLECTION – ASTHMA**

**Medicine Authorization Form**: This form is necessary if your child needs to carry and/or self-administer their asthma medication at school. It gives the school permission to store and administer the medication if needed.

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| **PERSONAL INFORMATION** | | |
| **Pupils Name** | **Date of Birth** | **Contact Details for Parent /Guardians** |
|  |  | 1. **Parents/ Guardian nAME**   **Contact details (WORK)**  **(HOME)  (MOBILE)**   1. **Parents/ Guardian nAME**   **Contact details (WORK)**  **(HOME)  (MOBILE)** |
| **MEDICAL HISTORY** | | |
| **Date of Asthma diagnosis** | **History of hospitalisation / A&E visits due to Asthma** | |
|  |  | |
| **Known Allergies** | **Other Medical Problems** | |
|  |  | |
| **Doctor/ PAEDIATRICIAN** | | |
| **Doctor**  **Name**  **Surgery**  **Tel** | | **PAEDIATRICIAN**  **NAME**  **TEL**  **Additional Details** |
| **DATE OF THE LAST ASTHMA REVIEW OR CHECK-UP** | |  |
| **CURRENT MEDICATIONS** | | |
| Please provide the following   1. List all asthma medications (e.g., inhalers, nebulizers, oral medications) 2. Dosage and frequency of each medication  |  |  |  |  | | --- | --- | --- | --- | | Reliever medication (usually blue) | | | | | **Medication name**  (e.g. SALBUTAMOL | **Device**  (e.g.) Inhaler | **Dose**  (e.g. 1 puff) | **When taken**  (e.g., when wheezy, before exercise) | |  |  |  |  | |  |  |  |  | |  |  |  |  |  1. Any side effects experienced | | |
| **ASTHMA TRIGGERS** | | |
| Please list the following:-   * Common triggers (e.g., pollen, dust, exercise, cold air) * Specific triggers for the pupil | | |
| **SYMPTOMS** | | |
| Typical asthma symptoms experienced (e.g., wheezing, coughing, shortness of breath) |  | |
| Frequency and severity of symptoms |  | |
| **PEAK AND FLOW READINGS** (if applicable) | | |
| **Baseline peak flow reading** | | **Peak flow readings during asthma episodes** |
|  | |  |
| **NO medication in school**   * + - * Please sign this if you are not providing school with medication | | **Disclaimer**  My child does not require any medication to be held in school.  Signature  Date |
| **I can confirm that I give consent for:-**   * the information, I give to the school to be shared with appropriate members of staff and outside agencies. (e.g., PE Coaches, School Cook) * my child’s photo and medical needs protocols to appear on a medical alert poster – which will be displayed in areas such as near the teacher's desk, in the school office and in the school kitchen so that all adults (including those from external agencies) are aware and can respond to my child’s needs effectively * School to store and administer the medication if needed * My child to self - self-administer their asthma medication at school under adult supervision * In the event of severe asthma, I am happy for my child to receive up to 10-20 puffs of their reliever (usually Salbutamol) inhaler via a spacer until they get further medical help.   **Signed: (Parent)** …………………………………………….. **Date** …………… | | |
| **Key points for parents to remember:**  This record is for your school. Remember to update it if the treatment is changed. Remember to check you have enough inhaler doses and that the inhaler is in date and labelled by the pharmacist with your child’s name and dosage details.  If your child has Asthma we use the information provided on this data collection form to put together an Asthma Care Plan.  **Asthma Care Plan**: This detailed plan includes instructions on how to manage asthma, such as medication schedules, recognizing worsening symptoms, and steps to take during an emergency. It should be signed by your child's doctor and include your contact information | | |
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