**Long Term Medication Request Form**

For long term medication, your child must have a care plan, protocol or asthma card in place. Staff at Petersfield School will only give your child medicine (**which must be prescribed by a doctor**) if you complete and sign this form. If more than one medicine is to be given, a separate form must be completed for each one. There is a policy for the administration of medicine which staff must adhere to for your child’s safety.

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_

Long term medical condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medicine**

Name/type of medicine (as described on container):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date dispensed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry date: \_\_\_\_\_\_\_\_\_\_\_

Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Timing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any side effects that the school needs to know about?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Self administration? Yes/No (delete as appropriate)

Care plan/protocol/asthma card review date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: *Medicines MUST be in the original container as dispensed by the pharmacy. Only an adult may deliver medicine to the school and collect it if required. Medication will not be accepted from children or given to children to take home. Parents are responsible for ensuring that medication is in date.***

**Contact Details**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime telephone numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above information is, to the best of my knowledge, accurate and I give my consent to school staff administering medicine in accordance with the school policy and my child’s care plan. I will inform the school immediately, in writing, if there is any change in dosage or frequency, or if the medication is stopped.

**If my child has had medication before school, I will notify the school office of time and dosage so that further medication can be administered safely. I consent to this information and any individual health care plan being shared with medical professionals where appropriate (for example in an emergency situation or setting).**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Asthma Card**

If more than one medicine is to be given, a separate form must be completed for each one.

Reliever inhaler when needed for shortness of breath

Name/type of medicine (as described on prescription label):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What signs indicate that your child is having an asthma attack?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child tell you when he/she needs medicine? Yes/No (delete as appropriate)

Does your child need help taking his/her asthma medicine? Yes/No (delete as appropriate)

What are your child’s triggers (things that make their asthma worse)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last GP/nurse review: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I give permission for my child to use a school inhaler if my child’s inhaler is broken, run out or unavailable.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What to do if a child is having an asthma attack**

1. Help them sit up straight and keep calm.
2. Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
3. **Call 999 for an ambulance if:**

* Their symptoms get worse while they’re using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a ‘tummy ache’
* They don’t feel better after 10 puffs
* You are worried at any time

1. You can repeat step 2 if the ambulance is taking longer than 15 minutes