

CHILD'S NAME:	AGE:	DATE OF BIRTH:	CLASS:
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DOCTOR'S NAME & ADDRESS:
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Main reason for using inhaler (please tick):

ASTHMA	ALLERGIES	SHORT TERM ILLNESS (i.e. cough)	
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TRIGGERS:
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SIGNS & SYMPTOMS:
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Please list below details of medication:

NAME OF INHALERS	NAME OF TABLETS (if applicable)	DOSAGE	TIMES OF ADMINISTRATION

I confirm my child will have an inhaler with them at all times in class while in school. (Tick box to confirm)
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SIGNED (Parent/ Guardian):	DATE:
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*In the event of an emergency I consent to the school administering an alternative inhaler if one can be found.*

**Children who are asthmatic must keep their inhalers with them at all times.**

They **must** also carry inhalers on school trips which must be supplied from home.

Failure to do so will result in the child being removed from the trip for health and safety reasons. **Inhalers must be clearly labelled with the child's name and dosage.**

**PLEASE NOTE:**

**PARENTS ARE RESPONSIBLE FOR ENSURING ALL MEDICATION IS LABELLED AND IN DATE.**