

	INHALER/ASTHMA FORM Child's Name: Date of Birth: GP's Name: GP's Tel Number:
---	---

CONFIDENTIAL INFORMATION

In case of emergency please contact one of the following persons:

Name: Tel Number:

Name: Tel Number:

Does your child need the inhaler for Asthma ? Yes No

If no, please state the reason for inhaler use

.....

Does your child take preventive treatment? (please circle as appropriate)

Intal Becotide Clenil Modulite Other:

Does your child need to take preventive treatment before PE? Yes No

Does your child need a reliever? (circle as appropriate)

Ventolin Brycanyl Other:

What usually triggers your child's asthma?

.....

Does your child need to keep an inhaler at school? Yes No

If yes, please give details (including medication, colour of inhaler, spacer etc)

.....

Please give details of when your child needs to take their medication and the dose

required.

.....

Please keep the school up to date with any changes in your child's asthma. Ensure that your child's medication is labelled with name and class. Check the supply regularly including expiry date.

In the event that your child's inhaler is not available or not working do you give permission for staff to administer the school emergency salbutamol inhaler?

Yes No

Signed:Parent/Guardian Date: