



**Child's Name:** \_\_\_\_\_

### **Parental agreement**

I agree that the information in this plan is accurate at the time of writing and give my consent for school / setting staff to administer my child's inhaler in accordance with the school / setting asthma guidelines.

I will provide the school / setting with a reliever inhaler within its expiry date and where necessary, a spacer.

I will inform the school / setting immediately, in writing of any change in dosage or frequency of the inhaler or if it is stopped.

**Parent's signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **School agreement**

It is agreed that school staff will administer the child's inhaler in accordance with the agreed asthma health care plan and in line with the school / setting asthma guidelines.

Parents will be informed if their child has used his/her inhaler to relieve the symptoms of a minor asthma attack i.e. over and above a cough, wheeze, breathlessness or sudden chest tightness

**Signature on behalf of the school:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Annual Review Date:** \_\_\_\_\_