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: __________________________