

WYKE REGIS PRIMARY FEDERATION



INSPIRING HEARTS AND MINDS

SCHOOL ASTHMA FORM

Name of Child..... Year..... Class.....

General Practitioner

Telephone Number

Treatment to be taken in school time:

Name of medication.....

Dose and when to be taken

Date of boxed and labelled medication brought into school.....

Consent for use of Emergency Salbutamol Inhaler:

Child showing symptoms of asthma/having asthma attack.

- ☐ • I confirm that my child has been diagnosed with asthma
- ☐ • My child has been prescribed an inhaler.
- ☐ • My child has a working, in-date inhaler, clearly labelled with their name, which is kept at school.

In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable

☐ I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

☐ I do not consent for my child to receive an emergency relief inhaler from the school.

*Please indicate as appropriate.

Any further information - triggers:.....

Parent/Carer's signature Date