

SCHOOL ASTHMA FORM

This form needs to be completed by the parent/carer and reviewed annually, or if there are any changes to your child's medication or dosage.

PERSONAL DETAILS

Childs Name: _____ Class: _____

Date of Birth: _____

Address: _____

EMERGENCY CONTACT DETAILS

Parent/Carer Name: _____

Emergency Contact Number: _____

Relationship to child: _____

INHALER INFORMATION

Name of Medication: _____

Date Dispensed: _____ Expiry Date: _____

Dosage Required (in school only) : _____

Timing (in school only): _____

Does your child need to use a spacer when using their inhaler? Yes No

Does your child know when they need to take their inhaler? Yes No

Does your child need help taking their inhaler? Yes No

What triggers your child's asthma (what makes it worse)? _____

- Please ensure that you take a note of the expiry date of your child's medication. It is the parent/carers responsibility in ensuring the medication is in date.
- Please ensure that you regularly check your child's inhaler is not getting low on medication.
- Please ensure that you regularly clean your child's spacer & inhaler unit. It is the parent/carers responsibility to ensure these items are clean, please arrange with the class teacher to take them home.
- Your child must have an inhaler in school at all times (apart from when it is being cleaned). It will be returned to you at the end of the school year.
- Your child's inhaler will be kept with their teacher in the classroom and will be easily accessible to them.
- Please ensure that you amend this form if there are any changes to your child's medication or dosage

Signed: _____ Date: _____

