



Asthma Record

St Mary's CE Academy, Stotfold

Child's Surname

Child's First Name

Child's Date of Birth

Parent(s) name(s)

Telephone: Home Work

Mobile

Doctor (GP) name Telephone No.

Asthma nurse

Known triggers/allergies

Any other medical problems?

- I can confirm that my child has been diagnosed with asthma
- I can confirm that my child has been prescribed an inhaler
- My child has a working, in-date inhaler, clearly labelled with their name/dosage details and in its original packaging, which they will have for use in school every day
- I would like the school to hold/continue to hold my child's prescribed inhaler
- 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

(Please Tick as Appropriate)

My Child's Medication

Medication Type <i>(e.g. SALBUTAMOL)</i>	Medication Expiry Date	Device <i>(e.g. diskhaler, inhaler)</i>	Dose <i>(e.g. 1 blister, 1 puff)</i>	When taken <i>(e.g. when wheezy, before exercise)</i>	Use of Inhaler? <i>Unassisted / help required?</i>

Signed: (Parent) Date

Key points for parents to remember:

This record is for your school.

Remember to update it if treatment is changed.

Remember to check you have enough inhaler doses and that the inhaler is in date, in the original packaging and labelled by the pharmacist with your child's name and dosage details.

