



**School Asthma Plan including
Consent Form for the use of emergency Salbutamol inhaler
to be completed by parent/carer**

I can confirm that
has been diagnosed with asthma / has been prescribed an inhaler. (Delete as appropriate)

He/she has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day / leave in school. (Delete as appropriate)

Child's Name	
Date of Birth	
Address	
Parent / Carer Name	
Relationship to child	
Contact numbers	
Doctors name and contact details	

Reliever treatment when needed:

For shortness of breath, sudden tightness in the chest, wheeze or cough, my child needs the medicine below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Dosage
Does your child tell you when he/she needs medicine?	Yes / No
Does your child need support taking his/her needs medicine?	Yes / No

What are your child's triggers that make them worse?						
Pollen	Air Pollution	Stress	Exercise	Weather	Cold/Flu	Other

Does your child take any other asthma medicines while in school care?	Yes / No
Medicine	Dosage

Parent / Carer Name	Parent / Carer Signature	Date

For Office Use only:

Medicine	Expiry date	Date checked	Signature	Comment