**ASTHMA INHALER DETAILS**

This form to be completed annually by parents/guardians.

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| **Pupil Information** |
| Pupil’s name |  |
| Pupil’s date of birth |  |
| Class |  |
| Home Address |  |
| Name of Inhaler |  |
| Prescribing GP |  |
| Is your child able to use the inhaler themselves? | Yes / No |
| **NB.** If your child is able to use their inhaler independently they will be encouraged to carry it with them when out of school on trips etc.  |  |
| If supervision / help is needed please give details |  |
| Permitted frequency of dosage |  |
| Any side effects of over use of the inhaler |  |
| **Contact Details** |
| Name of Parent / Guardian |  |
| Telephone Number |  |
| Mobile Number |  |
| **Signature of Parent / Guardian** |
| Please tick to confirm: The information given is correct  you will provide your child’s inhaler to be kept in school you give authorisation that in the event your child’s inhaler is unavailable at a time of need that any blue inhaler may be administered. |

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| Signature: | Date: |