

Icknield Walk First School
Request for school to administer Asthma Inhalers

Inhalers and spacers should be clearly labelled with your child's name.
Please remember to check every term that the medication is still in date.
If your child's treatment changes, please remember to inform the school.

Pupil Details

Child's Name:-	Date of birth:
----------------	----------------

Name of medication to be taken in school	When should this be taken?	How many puffs each time?	What is the maximum dose?

What signs can indicate that your child is having an asthma attack?

--

Does your child tell you when he/she needs medicine?

Yes

No

Does your child need help taking his/her asthma medicines?

Yes

No

Continued overleaf

What are your child's triggers (things that make their asthma worse)?

Pollen

Stress

Exercise

Weather (please specify)

Cough or Cold

Air pollution

If other please list

Please note

If we have given the maximum dose of an inhaler we will call a parent or carer.
Inhalers will be stored in the classrooms on a shelf above the sink.

Parent/Carer's signature	Date