|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Allergies |  |
| Emergency contact  |  |
| Emergency contact Telephone number  |  |

|  |
| --- |
| What are the signs that your child may be having an asthma attack? |
|  |

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| --- |
| What is the name of your child’s reliever medicine and the device? |
|  |

|  |  |  |
| --- | --- | --- |
| Does your child have a spacer device?  | Yes  | No |

|  |
| --- |
| What are your child’s known asthma triggers? |
|  |

|  |  |  |
| --- | --- | --- |
| Does your child need to take their reliever medicine before exercise?  | Yes  | No |

**I give permission for the school to use their emergency school inhaler in the event of an emergency and where the child's inhaler is either broken, out of date or has been taken out of school.**

Signed:…………………………………………… Date:…………………………………….

**I give my consent for school staff to administer/assist my child with their own reliever inhaler as required. Their inhaler is clearly labelled and in date.**

Signed:…………………………………………… Date:…………………………………….