

Ottershaw Christ Church C of E Infant and Junior Schools

Pupil name		Affix photo here
Date of birth		
Class		
Allergies		
Emergency contact name		
Emergency contact number		

Medicine

Reliever medicine (as named/described on the container)	
Dose	
Does your child have a spacer device?	Yes / No
Does your child need help using their inhaler?	Yes / No
Should your child use their inhaler at a regular time of day?	Yes / No Timing/s:
Does your child need to take their reliever medication before exercise?	Yes / No
If YES, your child should warm up properly and will be told/supported to take 2 puffs (1 at a time) of the reliever inhaler 15 minutes before any exercise, unless indicated below:	
Please outline any alternative instructions for inhaler use before exercise:	

Symptoms

What are the signs that your child may be having an asthma attack?	
Are there any key words that your child may use to express their asthma symptoms?	
What are your child's known asthma triggers?	

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Procedures to take in an emergency	
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Consent

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	
Full name	
Relationship to child	
Date	

CONSENT FORM

USE OF EMERGENCY SALBUTAMOL INHALER

In the event of your child showing symptoms of asthma/having asthma attack:

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate)
2. My Child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day/that will be left at school (delete as appropriate)
3. 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

Signed	
Full name	
Relationship to child	
Date	