



MEDICAL RECORD – ASTHMA INHALER

CONFIDENTIAL

Name of Pupil _____ Date of Birth _____

Address _____

Name and Address of GP _____

Emergency Contact during school hours:-

1) Name _____

Relationship to Child _____ Tel No _____

Address _____

2) Name _____

Relationship to Child _____ Tel No _____

Address _____

Type of Inhaler Prescribed	Dosage Prescribed	Doctor Prescribing Medicine

Key Stage 1

I agree that an accessible member of staff should be responsible for the Infants inhaler.

I agree that during break/lunchtime the inhaler is to be held by the appropriate on duty staff and my child made aware of the location.

Key Stage 2

I agree that my child should be responsible for the inhaler and will take responsibility for taking the necessary dosage before break/lunchtime and before PE (delete as appropriate)

Signature of Parent/Guardian _____