



**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 \_\_\_\_\_