



Reepham Primary School KS2 Asthma Form

Name of child

I would/would not like my child to keep their inhaler on them.

I would/would not like my child to keep their inhaler in the classroom.

(please delete as appropriate)

In the event of a severe asthma attack I am happy for my child to receive up to 10-20 puffs of their reliever inhaler (usually Salbutamol) via a spacer until they get further medical help.

Signed (Parent/Carer)

Name

Date

Key points for parents to remember:

- This record is for your school
- Please contact the school office if treatment is changed
- Remember to check with your child when inhalers are running low, that inhalers are within date and are labelled by the pharmacist with your child's name and dosage details.

Section to be completed by Reepham Primary School staff

Has this child got a healthcare plan for any other condition?

Yes

No

Asthma record checked by
(asthma link person)

Any concerns to be discussed with the school health advisor

Record of discussion:

Signature

Date.....