Asthma Medical Information Form

Child's Name: _____ DOB: _____

Date of information shared: _____

The triggers of an asthmatic attack are:

.....

.....

2. I confirm that:

☐ My child has been diagnosed with asthma and has been prescribed an inhaler

☐ My child may need to take emergency asthma medication during the school day and is able to take responsibility for the self-administration of this.
☐ My child is not able to self-administer the inhaler. A member of school staff may need to assist my child when he/she requires the asthma inhaler and medication.

☐ My child should have their asthma inhaler kept in a designated area of classroom, accessible by them at all times
☐ I will ensure my child has a working and in date inhaler in school.
☐ My child will need to take an inhaler on all external school visits and trips.

Details of the inhaler and medication are as follows.

Name of inhaler and medication: .....

Dosage: .....

Method of administering the medication:

.....

Signed: (parent/guardian) .....

Emergency Telephone Number: .....