

Asthma Planning Form for a Pupil with Asthma



In order for us to have medication on site please complete the form below. Please give us as much detail as possible about when your child may/will need their inhaler, and what symptoms to look out for. If a child is in KS2 it may be that they can self-administer; if so notify us below.

All medical items (inhaler, spacer etc.) must be prescribed by a doctor and clearly marked with your child's name. Please ensure you update school of any changes in your child's medical condition of medication.

My child suffers from Asthma

Name: _____

Date of Birth: _____

Class/Year Group: _____

Doctors Name: _____

Surgery Address: _____

Medication name: _____

Expiry Date: _____ Serial Number: _____

Date Inhaler given to school: _____ Spacer included: _____

When does the inhaler need to be administered? _____

In case of an attack of Asthma

Typical symptoms for this pupil:

Medication required and treatment procedure:

Quantity needed (dose) and when:

Procedure in case of failure to respond to medication:

Signed: _____

Date: _____

Emergency Reliever Inhaler

In the event of my child, _____ having symptoms of asthma and if their inhaler is not available or is unusable, I do/do not (delete as appropriate) consent for my child to receive the Salbutamol from an emergency inhaler held by the school for such emergencies.

Please note that the emergency inhalers are one time use only inhalers.

Parent Signature:

Print Name:

Date: