

Queen Boudica Primary School



QUEEN BOUDICA
PRIMARY SCHOOL

Request for school to administer Asthma inhalers

Name of child _____ D.O.B _____

Class _____ Year _____

Type of inhaler provided _____

Expiry date _____

Has a spacer* been provided with this inhaler - if yes which type?

* If your child has a spacer, they must always use it as it helps make their inhaler more effective.

Date inhaler handed into school _____

Please describe below the symptoms your child may display when in need of their inhaler along with any additional information that the school needs to be aware of regarding your child's Asthma.

Please ensure that your child's inhaler is brought into school labelled, in the original box with the prescription label and stored with the caps on. Both the inhaler and spacer should then be placed together in a clear bag or box with your child's full name and class written on the outside.

Please remember that it is your (parental) responsibility to check the inhaler regularly to make sure it is in date and has plenty of medicine in it.

I (please print) understand my responsibilities as detailed above and confirm that I will notify the school of any changes in writing.

Parental Signature: _____ Dated: _____

Record of Asthma inhaler administered to child named overleaf

Note to Staff: If a child is requiring more than one dose daily, or you are concerned about the amount of puffs that a child is needing, please inform the office.

Date	Reason / Activity Taking Part in Prior to Need	Time Given	Number of Puffs	Member of Staff Administering	Name of Staff Witnessing