



MEADOW FARM PRIMARY SCHOOL

ASTHMA AND INHALERS IN SCHOOL

To the parent/carer of:

Name: _____ Year Group: _____

According to our records, your child is (or previously has been) identified as suffering from asthma.

In order that the information we hold in school remains accurate, I would be grateful if you could complete the questions below and return to school as soon as possible. Once we have received your form, we will double check that the information matches our records and inhalers are kept safely in school.

- ☐ My child no longer has asthma and therefore does not require an inhaler in school.
- ☐ My child does have asthma and I have supplied the school with an inhaler.
- ☐ In the event of an emergency, I consent for my child to receive SALBUTAMOL from an emergency inhaler held by the school.
- ☐ I understand it is my responsibility to check the expiry date of all medicines left in school on a regular basis.

Signed: _____ Print Name: _____

Date: _____

Thank you.