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| **ASTHMA REGISTER STATEMENTS** | **Please tick** |
| I confirm that my child has been diagnosed with asthma. |  |
| I can confirm my child has been given a reliver inhaler. |  |
| I can confirm that I have been supplied a reliever inhaler and spacer which is clearly labelled with my child’s name, dose and expiary date.  |  |
| I have filled in the school asthma plan attached and returned it to school. |  |
| Please tick if you **DO NOT** wish your child to use the school relief inhaler in an emergency. |  |

NAME OF CHILD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR GROUP: \_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_

NAME OF PARENT/CARER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Asthma Action Plan Date:**

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| --- | --- |
| Name…………………………………………………………………...Date of birth…………………………………………………………Allergies……………………………………………………………..Emergency contact……………………………………………….. Emergency contact number……………………………………... Doctor’s phone number…………………………………………. Class…………………………………………………………………..  |  |

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| What are the signs that you/your child may be having an asthma attack? Are there any key words that you/your child may use to express their asthma symptoms?  |

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| What is the name of your/your child’s reliever medicine and the device? Does your child have a spacer device? (please circle) Yes No Does your child need help using their inhaler? (please circle) Yes No  |

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| What are your/your child’s known asthma triggers?  |

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| Do you/your child need to take their reliever medicine before exercise? (Please circle) Yes No If YES, Warm up properly and take 2 puffs (1 at a time) of the reliever inhaler 15 minutes before any exercise unless otherwise indicated below:  |

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| I give my consent for school staff to administer/assist my child with their own reliever inhaler as required unless I have opted out. Their inhaler is clearly labelled and in date. Signed……………………………………Date……………………………………………………………Print Name………………………………Relationship to child……………………………………. |