



**ASTHMA REGISTRATION**

**Please complete and return to the School Office**

Name of child: .....

Class: .....

Inhaler Used: .....

Dose: .....

Frequency: .....

Triggers: .....

EMERGENCY TREATMENT: In the event of an emergency I give permission for my child to receive the necessary treatment: -

**Signed:** ..... **Date:** .....  
**(Parent/Guardian)**

It is generally advisable that your child keeps their inhaler in their possession so it is always available when needed. Please can you indicate below where you would like the inhaler kept. If you would prefer your child to have one and another be kept in the medical room please provide us with a second inhaler if necessary.

It is my wish that the inhaler is kept in the medical room Yes / No

It is my wish that my child keeps the inhaler in his / her possession and the doctor thinks that this is necessary. I understand that my child is responsible for the safety of the inhaler Yes / No

I will provide two inhalers, one for my child and one to be Kept in the medical room Yes / No

**Signed:** .....  
**(Parent/Guardian)**

**Date:** .....