BENTFIELD PRIMARY SCHOOL

REQUEST TO ADMINISTER ASTHMA MEDICATION

PUPIL FULL NAME		**CLASS**	
Does your child tell you when they need medication?			**Yes/ No**
Does your child need help taking asthma medication?			**Yes/ No**

What are your child's asthma triggers (things that make their asthma worse)?

Does your child need to take medication before exercise?	**Yes/ No**
If Yes please give details:	
Medication	
Dose and when given	

Does your child need to take any other asthma medication whilst in the school's care?		**Yes/ No**
Medication		
Dose and when given		

Relief treatment when needed - For cough, wheeze, breathlessness or sudden chest tightness, give or allow child to take the medication below. After a few minutes your child should feel better and be able to return to normal activity	
Medication	
Dose and when given	

Emergency contacts			
Name			
Daytime 'phone number		**Relationship to child**	
Name			
Daytime 'phone number		**Relationship to child**	

Your child should have an inhaler with them at all times. A spare should be given to the class teacher, (it is the parents responsibility to check every term to see that the inhaler is in date) and taken home at the end of the summer. This form should be completed at the start of every new academic year.

Signed: _____ **Print Name:** _____

Relationship to child: _____ **Date:**_____

FOR SCHOOL STAFF USE ONLY