**Asthma Care Plan and Medication: Consent**

If your child has been diagnosed with asthma and/or has been prescribed reliever therapy (Blue inhaler) please complete the first part of this form which gives your consent for school staff to give this if required.

In the event of my child displaying symptoms of asthma or prior to PE (if required), I consent for my child to receive their own reliever inhaler. If my child has asthma symptoms and their own inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler if this is available in school **(Not all schools keep their own emergency inhaler).**

Name of child: ………………………………………………………

Date of birth: ……………………………………………………….

School: ………………………………………………………………

Name of Inhaler: ............................... Number of Puffs: ..........

**Signed Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_**

Parent’s Contact Number: ...................................................................

If your child has an asthma attack the schools emergency procedure will followed.

A copy of your child’s school asthma care plan will be sent to you.

Please ensure that your child has a **SPARE reliever** **inhaler** and **spacer** kept in school and that your child’s inhaler is within its **expiry date**.

If your child experiences breathing problems, especially at night or after exercise, or when laughing or crying, or he/she suffers from repeated chest infections please contact Our Health 5-19 team via the Hub 0300 124 0362