



# TOWN CLOSE SCHOOL

NORWICH'S FINEST PREP SCHOOL • FOR GIRLS & BOYS • 3-13 YEARS

## MEDICINE FORM (D) ASTHMA IN SCHOOL INCLUDING CONSENT FOR THE USE OF EMERGENCY INHALERS

Child's name: .....Date of Birth: .....

Date asthma diagnosed / inhaler prescribed: ..... Class: .....

Name of inhaler: ..... Colour: .....

Location(s) in school: (please tick as appropriate)

Pre Prep Office	Year 2 Classroom	Prep Sports Bag	Prep Book Bag	First Aid Room	Blazer pocket

Signs and symptoms of an asthma attack:

Treatment (please continue overleaf in necessary):

1. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
2. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Parents' signature: ..... Date: .....

Please print name: .....