

APPENDIX 6

This form must be completed by parents/carers for children that have inhalers:

Pupil's name Class

Name of Medicine:

Symptoms when inhaler required.....
.....
.....

Procedures to be taken in an emergency:
.....
.....

REFER TO EMERGENCY CONTACT FOLDER FOR CONTACT DETAILS

I would like my son/daughter to keep his/her inhaler on him/her for use in emergency:

Signed: Date:

Relationship to child: