## Appendix 10

## Roberttown C.E. (c) J. & I. School ASTHMA IN SCHOOL (Reception, Y1, Y2 CHILDREN)

The school will not give your child asthma medication unless you complete and sign this form, and the Headteacher has agreed that a First Aider, or appointed person, can administer the medication.

Name	Class
Name of asthma medicine t	be administered
Dosage to be given	
Time/conditions under whic playtime/lunchtime, when c	h dose should be administered (e.g.: before PE, before nild feels chest is tight')
If your child has required t	heir inhaler we will let you know.
•	nich you wish to be contacted if your child requires their asthma eds to use inhaler, if child needs to use inhaler more than they do hma attack)

- Normally only 'blue' reliever inhalers will be administered at school.
- Inhalers will be sent home at the end of each year.
- Asthma medication is kept in the classroom.
- All inhalers must be labelled with the child's name.
- I understand that I must deliver the inhaler personally to the school office and hand it to a member of staff.
- I understand I must ensure that my child's inhaler is always at school for them to use,
  that my child is familiar with its use, and that the inhaler is not out of date or empty.

•	I understand that I must inform school if there is a change to my child's asthma
	condition or medication.

•	I understand that Roberttown School does not accept any liability for failure to
	administer the medicine stated above

Signed	Date
Relationship to the pupil	
To Staff administering inhaler-plants	ease complete the form below each time.

Date	Time	Dosage/Description of Incident	Signed