



ASTHMA FORM

Name of Child: _____ Class: _____

If your child suffers from an asthma attack at school, what should he/she do?

Emergency telephone numbers:

Name of contact: _____ Tel no: _____

Name of contact: _____ Tel no: _____

Name of contact: _____ Tel no: _____

What type of medication does your child take for their asthma?

Can he/she administer it for him/herself? _____

If a medication is to be used at school it must be clearly labeled with your child's name. Unless specific alternative arrangements are made, this medication will be kept in the safekeeping of the First Aider or class teacher. Please inform us of any further information you feel is relevant. Do also let us know of any changes of details which might affect your child's safety or well being.

We _____

Being the parents of: _____

Agree to indemnify the City Council and its employees against any claim arising as a result of the School agreeing to accept for safekeeping, or to administer drugs or other medication supplied by us to the First Aider of Wansdyke Primary School to our son/daughter.

Signed: _____ Date: _____