St. John Fisher R.C. Primary School
Head Teacher: Janine Kenna
Grand Drive, West Wimbledon, SW20 9NA
Tel: 020 8540 2637
Email: school@st-johnfisher.merton.sch.uk

Medication in school for Asthma Sufferers

Name of Child……

Class…….

Type of Inhaler……

Please indicate below when/how often your child needs their inhaler:

……

……

Can your child use their inhaler independently? **Yes/No**

Do they need supervision? **Yes/No**

Do they need adult assistance? **Yes/No**

Please add any other information you think is necessary:

……

……

……

☐ **I will update the school if my child's asthma symptoms, triggers or medication change**

☐ **I have provided school with an asthma inhaler and spacer and will replace them when needed**

☐ **I consent for my child to receive salbutamol from an emergency inhaler held by the school for emergencies. Please note that this is not an alternative to having their own inhaler in school.**

Signed……

Date……