



### ASTHMA INHALER DETAILS

This form to be completed annually by parents/guardians.

Pupil Information	
Pupil's name	
Pupil's date of birth	
Class	
Home Address	
Name of Inhaler	
Prescribing GP	
Is your child able to use the inhaler themselves?	Yes / No
NB. If your child is able to use their inhaler independently they will be encouraged to carry it with them when out of school on trips etc.	
If supervision / help is needed please give details	
Permitted frequency of dosage	
Any side effects of over use of the inhaler	
Contact Details	
Name of Parent / Guardian	
Telephone Number	
Mobile Number	
Signature of Parent / Guardian	
Please tick to confirm:	
<input type="checkbox"/> the information given is correct	
<input type="checkbox"/> you will provide your child's inhaler to be kept in school	
<input type="checkbox"/> you give authorisation that in the event your child's inhaler is unavailable at a time of need that any blue inhaler may be administered.	
Signature	
Date	

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