



Medical Conditions and the taking of Medication in School
September 2023

Child's Full Name _____

Class _____

Does your child have a medical condition? **Yes/No**

Details: _____

Is medication required? **Yes/No**

Name and type of medication: _____

Dose to be given and when: _____

Does your child have a medical diagnosis of asthma? **Yes/No**

Please state severity of your child's condition: **mild / moderate / severe**

If **moderate/severe**, please provide details: _____

Is medication required? **Yes/No**

Does your child use their inhaler: **daily / weekly / occasionally**

Name and type of medication: _____

Dose to be given and when: _____

If your child has been diagnosed with asthma, please complete reverse. Please return to this side to complete the following section.

Does your child have an allergy – food or other? **Yes/No**

1) Allergic to (give details): _____ Severity: **mild / moderate / severe**

Symptoms of reaction: _____

Is medication required? **Yes/No** Name of medication: _____

Dose to be given and when: _____

2) Allergic to (give details): _____ Severity: **mild / moderate / severe**

Symptoms of reaction: _____

Is medication required? **Yes/No** Name of medication: _____

Dose to be given and when: _____

3) Allergic to (give details): _____ Severity: **mild / moderate / severe**

Symptoms of reaction: _____

Is medication required? **Yes/No** Name of medication: _____

Dose to be given and when: _____



Consent Form:
Use of Emergency Salbutamol Inhaler
TO BE COMPLETED ONLY IF YOUR CHILD HAS A
DIAGNOSIS OF ASTHMA.

Following Department for Health advice, school now keeps a salbutamol inhaler for **EMERGENCY USE**. This is **not** a 'spare' for routine use, but is available for those children in school who are registered as having been diagnosed with asthma and whose parents have given consent for it to be used in the event that:

- Their own inhaler was not available
- Their own inhaler was not working

To give consent, please confirm the statements below by signing and dating as appropriate. Thank you.

- My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day/keep at school.
- In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an inhaler held by school for such emergencies.

I give consent, in the unlikely event my child's inhaler stops working, for them to use the school emergency inhaler **Yes/No**

Child's Name _____

Year _____

Signed _____

Date _____