



Cheadle Catholic Junior School

Children with Asthma

Name of child:		Class	
Date of birth			
Address			
Telephone numbers: please include all home, work and mobile numbers			
Name of GP and Surgery/Health Centre			
Date diagnosed:			
Medication – name and current dosage: (Please inform us whenever this needs updating.)			
Any other relevant information, e.g. need to take inhaler before exercise			
Please indicate how frequently your child has to use their emergency inhaler	Often <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Rarely <input type="checkbox"/>
Inhalers will be stored in the classroom, but we request you provide a spare in case the usual one has been taken home/left at home. (Please tick the boxes.)	Inhaler provided for classroom <input type="checkbox"/>		Spare inhaler provided <input type="checkbox"/>
Is there any other medical condition we should be aware of?			

Signed: _____

Date: _____