



Dear Parents

Children with Asthma

If your child is asthmatic please complete and return the following questionnaire. This form is for both temporary and permanent usage of asthmatic medication.

Child's name _____

Class _____

My child's asthma is triggered by _____

A preventer is used at home and contains _____
(please enter the prescription medicine)

A reliever is used at school and contains _____
(please enter the prescription medicine)

Relievers should ideally be kept on the person, as per the Surrey County Council guidelines, or, in the case of very young children, easily accessible in the classroom. It is helpful if a spare reliever is kept in the classroom or in the school office.

The reliever is kept by my child/in the classroom and will be taken out at sports/school trips*

A spare reliever is kept in the classroom/school office*

*delete where appropriate

Infants: I am aware that whilst my child should be able to use his/her reliever unaided, his/her use will be supervised by a member of staff.

All medication must be clearly marked with child's name and class.

Signed _____ parent/carer Date _____