

# Mawgan-in-Pydar School

## ASTHMA CONSENT FORM

Name of child: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Section 1

I undertake to inform the school immediately if my child's medication/treatment is changed.

I confirm that:

1. My child is able to take responsibility for self-administration of their asthma medication and is able to carry their asthma device at school.

OR

2. My child is not able to self-administer their asthma medication and will require assistance.
3. My child's inhaler is clearly named.

(please delete 1 or 2 as applicable)

### Section 2

I have read carefully the school statement regarding the administration of asthma reliever to my child in emergency circumstances. Whilst my preference is for my child to receive their own medication at all times, I accept that under certain circumstances it may be necessary/advisable for substitute medication to be provided.

I understand as asthma reliever medicine, contained in the Asthma Emergency Kit may be used. I understand that under these circumstances the school will:

- a) Try to contact me;
- b) If necessary, call the doctor or emergency services;
- c) Notify the school nurse of the incident.

I have read both sections and give consent to the above actions in section 2 being taken if considered necessary.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_