

PENDRAGON COMMUNITY PRIMARY SCHOOL

Inhalers in School – complete form for each Inhaler

Return to school office

Child's Name Class

Date of Birth

Name(s) of Inhaler(s)

As on container

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Reason why your child uses an inhaler(s) e.g. pollen, dust mites, nuts etc.

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Does your child take a dose before coming to school in the morning? Always

Sometimes

Does your child have an inhaler in school?

Always

Sometimes

Can your child have a dose at any other time if he/she requests it? Yes

No

Number of puffs :

Up to how many times in the school can he/she have additional doses?

And at what interval in between each dose?

..... hours

IF WE ARE AWARE THAT YOUR CHILD TAKES EXTRA DOSES, WE WILL
ADVISE YOU ACCORDINGLY.

Any other information you think we should know? e.g. Reaction – runny eyes,
swollen lips etc.

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Signed Dated