



Asthma Registration

Name of child _____

Date of Birth _____

Asthma has been diagnosed by my G.P. / Consultant

Name of Doctor / Practice _____

The condition is **minor / severe** (*please delete as appropriate*)

Any medication required? Yes / No (*please delete as appropriate*)

Is it necessary for your child to have access to medication in school? Yes / No
(*please delete as appropriate*)

Name of Medication _____

Can your child administer the medication himself / herself? Yes / No (*please delete as appropriate*)

How often should the medication be administered? _____

Is there any activity your child should avoid?

If your child requires an inhaler / medication then it should be provided to be in School. This needs to be clearly labelled.

Any other information that needs to be known:

Please consult your doctor if you need help in answering these questions. If there are any changes in the future then please let the school know.

Signature of Parent _____ Date _____

Please return this form to the school office.