



GLENBROOK

PRIMARY SCHOOL

Wigman Road, Bilborough, Nottingham NG8 4PD

Tel: 0115 915 5717

Email: admin@glenbrook.nottingham.sch.uk

Head Teacher: Mrs Eyre

Asthma Record

Please complete the form and return to school so that we are able to support your child's asthma needs in school. Thank you.

Child's Name _____

Date of Birth _____

Address _____

Parent/Carer's name _____

Telephone: Home _____

Work _____

Mobile _____

Other contacts in case of emergency

What is the name of your child's inhaler (reliever)

Does your child tell you when he/she needs to use their inhaler YES/NO

Does your child need help taking his/her inhaler YES/NO

What triggers or makes your child's asthma worse e.g. hot weather, cold weather, hay fever, dust.

Does your child need to take their inhaler before exercise or play YES/NO

If yes please describe _____

Does your child need to take any other asthma medicines while in the school's care e.g. preventer
YES/NO

If yes please describe below:-

Medicine/Inhaler	How much and when to take

Reliever treatment when needed

For wheeze, cough, shortness of breath or sudden tightness in the chest, give or allow my child to take the medicines below

Medicine

Number of Puffs

What signs can indicate your child is having an attack, e.g. wheeze, cough, shortness of breath, tightness of the chest

Parent/Carer Signature _____ Date _____

Name in Capitals _____