



Annual update

Name _____

Class _____

Date _____

(Please tick one)

- My child has a medical diagnosis of asthma and I have provided my child with TWO inhalers. (One to be kept in the office and one which they will keep with them at all times.) I am responsible for ensuring both inhalers are within date.

- My child's asthma diagnosis is specifically **exercised induced** and therefore they need to take their inhaler before any exercise such as P.E.

- My child does not have asthma.

Signed _____

Name _____

Relation to child _____