

ASTHMA RECORDS (please hand to your child's Class Teacher)

Child: **Class:**

Does your child suffer from Asthma and require an inhaler **Yes** **No**

If **YES**, we need to have a signed inhaler in school and please sign the following:

My child.....uses an inhaler and I give permission for it to be used by them in school when necessary.

Further comments/instructions.....
.....

Signed:(Parent/Guardian) Date.....

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