



## ASTHMA & INHALER/MEDICATIONS

Pupil's Full Name: \_\_\_\_\_ Base : \_\_\_\_\_

Address: \_\_\_\_\_

Condition / Illness: **ASTHMA**      Month/Year condition started: \_\_\_\_\_

Name / Type of Medication: \_\_\_\_\_

Please detail in this box what medication(s) are given to your child to control their asthma, for example brown inhaler, blue inhaler, other prescribed medications

What is the dosage of each of the medications?

What time of day are they taken?

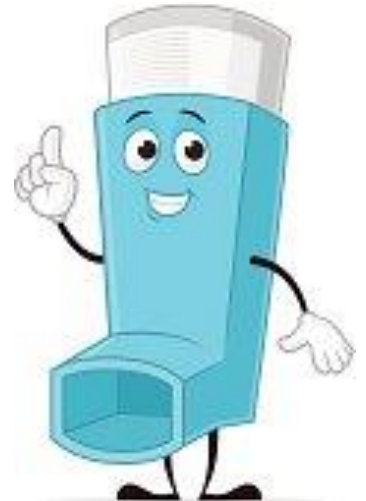
Are there any specific circumstances in which they should be taken?

Are there any possible side-effects?





**Hatfield Peverel  
St Andrew's Junior  
School**



Name .....

Base .....

Used their puffer  
today at ....., ... puffs

Signed .....

Print Name .....

Date .....