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Record of Asthma Reliever Administered to an Individual Child

|  |  |
| --- | --- |
| Name of school |       |
| Name of child |       |
| Date asthma reliever provided by parent |    |    |      |  |
| Group/class/form |       |
| Location of storage |       |
| Quantity received |       |
| Name and strength of asthma reliever |       |
| Expiry date |    |    |      |  |
| Quantity returned |       |
| Dose and frequency of asthma reliever |       |

Staff signature

Signature of parent

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date |    |    |    |    |    |    |    |    |    |
| Time given |       |       |       |
| Dose given |       |       |       |
| Action Taken |       |       |       |
| Name of member of staff |       |       |       |
| Staff initials |       |       |       |
|  |  |  |  |
| Date |    |    |    |    |    |    |    |    |    |
| Time given |       |       |       |
| Dose given |       |       |       |
| Action Taken |       |       |       |
| Name of member of staff |       |       |       |
| Staff initials |       |       |       |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date |    |    |    |    |    |    |    |    |    |
| Time given |       |       |       |
| Dose given |       |       |       |
| Action Taken |       |       |       |
| Name of member of staff |       |       |       |
| Staff initials |       |       |       |