



# GREENBANK STATE SCHOOL

Updated January 2017

## ASTHMA

### REQUEST TO ADMINISTER ASTHMA MEDICATION

Students Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Class: \_\_\_\_\_ Date: \_\_\_\_\_

I ..... (parent/caregiver) hereby notify the school in writing that my child ..... has been prescribed this asthma medication ..... by a medical practitioner.

Signed .....

Please list all asthma medications that your child requires during school hours and also list asthma medication administered at home and any emergency medications.

Name of Medication	Spacer Used (Yes or No)	Dosage (e.g puffs)	Time/s given at school	Time/s given at home

Special Instructions: \_\_\_\_\_

I agree to notify the school, in writing, if there are any changes in the above asthma medication.