



# Greenford High School

## Parent & Student Asthma Agreement

**Student Name:** \_\_\_\_\_

**Form:** \_\_\_\_\_

- We have read the school asthma policy and agree to provide the school with an emergency relief inhaler and a spacer device (if needed).

### **Student Agreement**

- The student will bring a named inhaler to school every day for use both at school and/or arranged day trips away.
- The student will take their reliever inhaler prior to physical activity where their condition is diagnosed as exercise induced.
- The student will take their preventer inhaler morning and evening at home where prescribed.

**(Student)** \_\_\_\_\_ **(Print Name)**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **Parent Agreement**

- We will inform the school immediately if there is any change to circumstances and medications prescribed.
- We accept that school staff will, in an emergency, give help to our child according to the school asthma policy.
- We will ensure that our child knows how to use their inhaler correctly.
- We give permission for our child to use their inhaler as required and for school staff to help when necessary.
- We will ensure that the spare inhaler is in date and will replace before expiry date is reached.

**(Parent/Guardian)** \_\_\_\_\_ **(Print Name)**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_