



# St Mary's Catholic Primary School

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Headteacher: Miss Ann Shevlin B.A. (Hons.) • Chair of Governors: Mrs Maureen Thorpe

**PLEASE COMPLETE THIS FORM IF YOUR CHILD HAS ASTHMA**

## ASTHMA INFORMATION SHEET

Name of Pupil.....

Year Group.....

Date of Birth.....

**I understand that St Mary's Catholic Primary School operates a policy based upon advice from the National Asthma Campaign.**

**I undertake to supply the School with the following:**

- An inhaler for the classroom and a spare for the school hall.
- A spacer for the classroom
- A completed Asthma Card.
- Any further details or information I feel is relevant to my child's condition.
- I will ensure the school is updated with information as required and provide a Disclaimer as and when required.
- In the event of my child's inhaler does not work, I give permission an emergency inhaler to be used.

Signed ..... **Parent/Carer**

Date.....

Date Received: _____	Headteacher's signature: _____
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