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### **ASTHMA DETAILS**

**Child's Name** \_\_\_\_\_

**Class** \_\_\_\_\_

**Contact telephone number** \_\_\_\_\_

**Type of inhaler** \_\_\_\_\_

**Expiry Date** \_\_\_\_\_

**Is it labelled with child's name** \_\_\_\_\_

**Administered by child?** YES/NO

**Place of storage** \_\_\_\_\_

**Any other relevant information** \_\_\_\_\_

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**Parent/Guardian's signature** \_\_\_\_\_

**“Enjoy! Achieve! Aspire! Now and in the future.....!”**

