School Asthma Register for Children with Asthma – Page\_\_\_of\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Child | Year/Class | Date of Birth | PAAP\* (Y/N) | Emergency Inhaler Consent (Y/N) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\*PAAP – Personalised Asthma Action Plan