School Register of Pupils Diagnosed with Asthma

beat asthma

School Name: **Lead contact:**

Name	Form Group	Individual health care plan Y/N	Parental permission for use of school emergency inhaler Y/N		Name	Form Group	Individual health care plan Y/N	Parental permission for use of school emergency inhaler Y/N

Dated compiled____________________ Review date ______________________

Newcastle City Council

www.beatasthma.co.uk