

# St Patrick's Primary School

## Medical Register 2021-2022

### Asthma Register and Allergy Information

Please place my child/children children on the Asthma Register as they have been diagnosed as having asthma by the family doctor.

and/or

Please place my child/children's name on the Allergy Register.

**Or**

Please remove my child/children's names from the Asthma Register and/or Allergy Register.

Name of Child \_\_\_\_\_ Class: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you.

Child's Name	Class	Inhaler for Use in School Yes/No	Any Allergies (If Yes, Please give details) Yes/No

I will make an appointment to discuss my child/children's medical care with school and/or complete the appropriate forms for administering medication in school. **(see enclosed forms AM1 and AM2)**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_