



REQUEST FOR SCHOOL TO ADMINISTER AN INHALER

Form to be completed by parents if they wish the school to administer inhaler. Please return this form to school with either a copy of your child's individual Asthma Plan from their Doctor, Asthma Clinic, or Consultant; or written confirmation from a medical professional of their diagnosis and inhaler dosage/timing

Details of child or young person

Surname:

Forename(s):

Address

Date of Birth:

I confirm that my child has been diagnosed with asthma and/or has been prescribed an inhaler (delete as necessary) which I will supply for use whilst in school.

Medication

Name of Inhaler:

Dosage and Method:

Self Administration:

In the event of my child displaying symptoms, and if their inhaler is not available or unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Storage Instructions

Inhaler to be kept: (please tick)

- In Emergency Medication Bag in classroom
- Other

Contact Details

Name:

Daytime telephone no:

Address:

All medication must be sent in to school in its original packaging, stating the Child's name, and dosage.

Date:

Signature(s):

Relationship to child or young person: