



PARENTAL AGREEMENT FOR USE OF INHALERS IN SCHOOL

Child's Name _____ Date of birth _____

Name of Medicine _____

Expiry date of Medicine _____

Self-administration *Yes/No Storage requirements Fridge/non-fridge

Possible Side effects _____ Dosage _____

Does your child suffer any reactions from this medication? YES/NO

Do you require notification from the school when your child has been administered their inhaler? YES/NO

I confirm that the family doctor has prescribed the above inhaler(s). They are clearly labelled indicating child's name in full, year group, contents, dosage and expiry date.

We will make every effort to provide the prescribed dosage as requested on your behalf but can not be held responsible if, through circumstances, we omit to do so.

Parents are responsible for the delivery and collection of the medicine to/from the School office and accept that this is not a service which the school is obliged to undertake.

I give permission for school staff to administer the medicine as described on this form.

***I consent to my child administering their own inhaler in school and agree to provide an additional inhaler to be kept in the school office for use in an emergency.**

***I also give permission to the After School Club for the administration of this medicine as per the instructions above.**

I am aware that I must notify any changes to the school in writing

Signed (parent/carer) _____ Date _____

Emergency Day time Contact Number _____

*Please delete as necessary