

EASTRY CHURCH OF ENGLAND PRIMARY SCHOOL

Request for School to Administer ASTHMA Medication

The school will not give your child the inhaler unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the inhaler. *The inhaler must be in the prescription labelled box.*

DETAILS OF PUPIL

Surname: _____ Forename _____

Date of Birth: _____ Male/Female: _____ Year: _____

ASTHMA INHALERS

Full Directions for use:

Name/Type of Inhaler: _____
(as described on the container)

Dosage and method: _____

Timing: _____

Procedures to take in an emergency: _____

CONTACT DETAILS: Please supply on an extra sheet, if different from school records.

I understand that I must deliver the inhaler personally to the school office and accept that this is a service which the school is not obliged to undertake.

Signature: _____ Date: _____

Relationship to pupil: _____