

## REQUEST FOR AN INHALER TO BE GIVEN IN SCHOOL

To be completed and handed in to the general office as soon as possible please.

ALL PRESCRIBED MEDICINES MUST BE PROVIDED IN THE ORIGINAL PACKAGING AS DISPENSED BY A PHARMACIST. PLEASE ENSURE THAT THE INHALER ITSELF ALSO HAS THE CHILD'S NAME ON IT, AS THE BOX OFTEN GETS BROKEN OR LOST Thank you.

Child's Name..... Date of Birth .....

Child's Class.....

Type of inhaler ..... Expiry date .....

Dosage .....

Can your child use their inhaler themselves? YES / NO

Child's GP ..... Tel: .....

### Parent Agreement

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, if there is any change in the medication or if the medicine is stopped.

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

Parent/Carer Name .....

Parent/Carer Signature ..... Date .....

Daytime telephone .....

REVIEWED as the prescription changes

## Everybody Matters, Everybody Succeeds

