



St Peter's C of E Primary School Asthma Inhaler Consent Form

If you wish the school to administer inhalers, please complete and sign this form. The school will not give your child medicine unless you return this form, and the headteacher has agreed that school staff can administer the medicine.

Details of pupil:

Surname:..... Forename:.....

Date of Birth:.....Class:.....Male/Female

Address:.....

Medication: type/name of inhaler:.....

Dosage:.....as required

If your child has an asthma attack, and does not have their own inhaler available, do you give permission for your child to use another identical inhaler? YES/NO

We will inform you if your child refuses to take his/her medicine.

Contact details

Name: (please print).....

Relationship to pupil:

Address:.....

.....

Contact telephone number:.....

I understand that I must deliver the inhaler personally (clearly marked with the child's name) to the school office. I accept that this is a service which school is not obliged to undertake.

Signature:.....Date:.....

Accepted by Headteacher :

Signature:..... Date:.....

Copies to pupil's file, Class File, Medical File