



Parental Agreement for Inhalers in School

Date: _____

Child's Name: _____ Class: _____ D.O.B: _____

Medical diagnosis/condition: _____

MEDICATION INFORMATION

Name of Inhaler: _____

Expiry Date of Inhaler: _____ Any Other Instructions: _____

INHALERS MUST BE IN THE ORIGINAL CONTAINER AND CLEARLY LABELLED WITH YOUR CHILD'S NAME AND CLASS

For the health and safety of your child and others, asthma inhalers are not allowed to be carried in school by pupils. Asthma inhalers are stored in a green medical box in your child's classroom.

What signs can indicate that your child is having an asthma attack? _____

What are your child's triggers (things that make their asthma worse)?

Pollen Exercise Cold/Flu Stress Weather Air Pollution

Other: _____

Does your child need help taking his/her inhaler? Yes No

Name and Phone Number of GP: _____

Emergency Contact Details

Name: _____ Daytime telephone/mobile: _____

Relationship to child: _____ Address: _____

Any other information? _____

I give permission for the school staff to supervise, and help if necessary, my child take their inhaler. I assume full responsibility for providing the school with prescribed medication and delivery devices and if necessary, I give permission to use the school's emergency inhaler if required. I understand that I must notify the school in writing of any changes in my child's condition/medication.

Parent/Carer Signature: _____

Print Name: _____ Date: _____

Office Use:

Inhaler taken from Parent/Carer by: _____

Where will this medication be stored: Green Medical Box in the Child's Classroom

Do lunchtime staff need to be made aware of this medication? Yes No

