

Asthma Consent Form

The school will not administer medicine unless this form has been completed and signed by a parent/guardian.

All inhaler use will be overseen or administered by a member of staff.

Pupil Details:

Name..... Class.....

Medication:

Name/Type of medication

Known triggers Possible side effects

How many puffs How often (as directed by your doctor)

Additional information:

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1. I understand that it is my responsibility for my child's inhaler/spacer to be in school at all times. This should be cleaned and returned to school every half term.
2. I will also keep the school fully informed of any change to my child's condition.
3. I am aware the school will contact me, if there are any concerns regarding my child's medication.
4. In the event that my child's Inhaler stops working or cannot be accessed I authorise the use of the school's emergency Salbutamol inhaler to help relieve my child's asthma symptoms.

Parent/guardian Signature Date

Print Name Relationship to child

Staff SignatureDate