

Pupil Medication Request

Asthma Inhaler

Note:

- (i) The school will only administer prescription medicines;
- (ii) For security, labelled asthma inhalers will be stored in the classroom;
- (iii) Parents/guardians are ultimately responsible for ensuring that medicines administered are not out of date.

Child's Name: Class:

Contact Telephone Number:

Condition/Illness:

Name of Medicine:

Dose:

Completion date (if known):

Special Instructions:
.....

Signed: Date:
(parent/guardian)

NB: Due to practicalities, the school will not keep a record of the frequency with which a child takes their medicine.

Please give this form, together with the inhaler, to a member of staff in the school office.