

Appendix 3



Parental Agreement for the School to administer asthma medication to your child.

The school will not give your child medicine unless you complete and sign this form.

Name of Pupil	
Date of Birth	
Year / Form	
Medical condition or illness	
Name and phone no. of GP	
Name/type of medicine <i>(as described on the container)</i>	
Dosage and method	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	
Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	

I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes to my child's medication in writing.

In the case of my child having an asthma attack whilst at school and their own inhaler being unavailable: I give consent for my child to be treated with an emergency salbutamol inhaler should one be available.

Date _____ Signature(s) _____