



**GLAZEBURY C.E. PRIMARY SCHOOL & Nursery - Asthma medical form
Request for school, breakfast club and extended EYFS service to administer
Inhaler(s).**

Dear Head Teacher,

I request that my child be given the following inhaler(s) whilst in School/ Afterschool club / Breakfast club.

I confirm my child is aware how to correctly administer their own inhaler

Name of inhaler	Expiry date of inhaler	Date prescribed	Dose prescribed	Maximum daily dose	Time to be given

I agree that the following complies with the school Medical & First Aid Policy:

- The above medication has been prescribed by the doctor, dentist, nurse or pharmacist
- It is clearly labelled indicating contents, dosage and child's name in full.
- I agree it is the parent's responsibility to ensure the inhaler is in date.
- I agree to inform School, ASC and Breakfast club of any change in dose immediately.

Name of parent/guardian:

Signed:.....

Date:

Please note: Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child.

The Governors and Head Teacher reserve the right to withdraw this service.

The inhaler will be returned to you at the end of the academic year or during the year if expiry date is met.

Signature of parent to confirm receipt of inhaler

Date of inhaler returned to parent

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Child's name.....

Inhaler / medicine name:

Staff administering medicine must always wash hands with soap and water not gel.

Disposable gloves must be worn when handling creams and ointments.

Date	Dosage	Time	Two Staff Signatures (must be obtained)

**If a child refuses to take medication –
Please record and the parent/carers must be verbally informed.**