Please can you complete and sign for Inhalers to be administered for your child.

PLEASE RETURN to the school office.

Holmer C of E Academy will not give your child medicine unless you complete and sign this form.

Name of child	
Date of birth	
Class	
Medical condition or illness	**Asthma**

Medicine

Name/type of medicine *(as described on the container)*	**Salbutamol / Ventolin**
Expiry date	
Dosage	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy.

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	**The school office**

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Holmer C of E Academy staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____