



Preston Candover CE Primary School

Administration of Asthma Inhalers Medicine/Treatment Consent Form

Childs Full Name	
Year/Class	
Date of Birth DD/MM/YY	
Name of GP/Surgery	

All asthmatics should have an annual Flu immunisation. Date of last Flu jab: _____
If your child has not had their annual update please contact your GP practice to arrange.

Please tick the appropriate box

My child will be responsible for the self-administration of their inhaler as directed below

I agree to members of staff administering Salbutamol inhaler/providing treatment to my child as directed below or in case of emergency, as staff consider necessary.

Type of inhaler	
Frequency required	
Notable triggers	
Expiry Date	

Inhaler must be named and in the original box as dispensed by the pharmacy

Contact Details

Emergency Contact Name	
Daytime Telephone No.	
Relationship to Child	
Address	

Declaration

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

Signature

Date

The Asthma UK Helpline - Here when you need us

www.asthma.org.uk/helpline

0800 121 62 44

9am-5pm Mon-Fri

www.asthma.org.uk

