

Administration of Medicines & Treatment Consent Form

Asthma Inhalers

Name of child	
Address of child	
Home telephone number	
Mobile telephone number	
Name of G.P.	
G.P.'s telephone number	
My Child will be responsible for self-administration of medicines as directed below	(N/A)
I agree to member of staff administering salbutamol inhaler/providing treatment to my child in case of emergency, as staff consider necessary	
I recognise that school staff are not medically trained	

Date of last asthma review	
Signature of parent or carer	
Date of signature	
I give permission for my child to use the emergency inhaler in school if required yes/no	

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

The Asthma UK Helpline – Here when you need us www.asthma.org.uk/helpline	0800 121 62 44	www.asthma.org.uk 9am-5pm, Monday-Friday
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