



### Information regarding inhalers kept in school

Name of Pupil	Class
Name of medication	Type of inhaler  Date of inhaler
Is the child able to self-administer?  Yes/No	If not able to self-administer, please sign below to give school permission to administer this medication.
Please give details of the dosage	Any other information which may be useful?
Contact details for parent/s:  1. Name .....  Home .....  Work .....  Mobile .....	2. Name .....  Home .....  Work .....  Mobile .....
PLEASE LABEL INHALER & ANY RELATED EQUIPMENT CLEARLY WITH YOUR CHILD'S NAME	This medication will be kept in the class teacher's safe keeping.

I give permission for a member of St Anne's staff to administer this medication to my child, as detailed above.

Signed ..... Print .....

Date .....

*School office: Copy of form in inhaler box/copy to office for files/date stamp*