



## Parental agreement for school/setting to administer

### INHALERS

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine

Name of School/Setting Wigginton Primary

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Group/Class/Form: \_\_\_\_\_

Medical condition/illness: \_\_\_\_\_

### Medicine

Name/Type of Medicine (as described on the container): \_\_\_\_\_

Date dispensed: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Agreed review date to be initiated by *[name of member of staff]*: \_\_\_\_\_

Dosage and method: \_\_\_\_\_

Timing: \_\_\_\_\_

Special Precautions: \_\_\_\_\_

Are there any side effects that the school/setting needs to know about? \_\_\_\_\_

Self Administration: Yes/No (delete as appropriate)

Procedures to take in an Emergency: \_\_\_\_\_

# Wigginton Primary School



## Contact Details

Name:

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Daytime Telephone No:

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Relationship to Child:

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Address:

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## Notification of Inhaler Use

\*Please inform me, via a notification slip, when my child has used their inhaler during the school day.

\*I do NOT wish to be informed when my child has used their inhaler during the school day.

*\*delete as appropriate*

I understand that I must deliver the medicine personally to the School Office and accept that this is a service that the school/setting is not obliged to undertake.

## Declaration

I understand that I must notify the school/setting of any changes in writing.

Date:

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Signature(s):

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Relationship to child:

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