

## Ralph Butterfield Primary School: INHALERS

### PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER INHALERS **FORM B**

**The school will not give your child medicine unless this form has been completed and signed.**

Name of child :		Class :	
		Date of Birth	
Medical condition or illness :			
Name/type of medicine ( <i>as described on the container</i> ) and storage:			
Date dispensed :			
Expiry date :			
Dosage & method :			
Time(s) of dosage(s) :			
Possible side effects			
Inhaler to be kept in :	First Aid room / Child's own bag (delete as appropriate)		
Procedures to take in emergency :			
Name & surgery/tel no of GP :			
Has the medicine has been administered without adverse effect to the child in the past and has the parent/carer certified this is the case	Yes / No (delete as appropriate)		

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

#### **Contact Details**

Name :	
Daytime tel no :	
Relationship to child :	

I understand that I must deliver the medicine personally to the Senior Administrative Officer or the Headteacher.

I accept that this is a service that the school is not obliged to undertake.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ (Headteacher) Date \_\_\_\_\_