

REQUEST FOR THE SCHOOL TO GIVE PRESCRIBED MEDICATION

Inhalers

USE OF INHALERS IN SCHOOL

I request that _____ (full name of Child)

in _____ class be given the following medication

Name of Medicine _____

Dosage _____

At the following times during the day _____

Start Date _____ End Date _____

Batch No _____ Expiry Date _____

Does your child suffer any reactions from this medication? YES/NO

Do you require notification from the school, of when your child has been administered their inhaler? YES/NO

The family doctor has prescribed the above inhalers. They are clearly labelled indicating contents, dosage and child's name in full.

I understand that the medicine must be delivered to the School office and accept that this is not a service which the school is obliged to undertake.

I hereby consent to my child administering his/her own inhaler in school and agree to provide an additional inhaler to be kept in the school office for use in an emergency.

Signed _____ Parent/Guardian

Date _____

Emergency Contact: _____

Emergency Contact Number: _____