

AGREEMENT FOR THE EMERGENCY ADMINISTRATION OF

A PRESCRIBED INHALER

Pupil's Name: **DOB:**

Class: **Address:**

.....

Next of Kin/Emergency Contact:

Relationship:.....

Telephone Numbers: (in case of emergency)

1.

2.

3.

Inhaler Name:

Reason for Inhaler:

.....

Symptoms:

.....

Action (eg. Number of puffs/number of breaths between):

.....

We, the undersigned, give consent for the above child to be given a prescribed inhaler by a member of school staff, in the event of him/her suffering, or appearing to suffer, from an asthma attack.

Name of Parent/Guardian:

(please print

Signature: **Date:**

Signature of Headteacher **Date:**