

AGREEMENT FOR THE EMERGENCY ADMINISTRATION OF
A PRESCRIBED OR SCHOOL 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):

.....

In the event of my above-named child displaying symptoms of asthma, I, the undersigned, give consent for him/her to be given the prescribed inhaler OR the school inhaler (containing Salbutamol) by a member of school staff. The school inhaler is for emergency use only and will only be given if the prescribed inhaler is empty or faulty. I understand that it is my responsibility to ensure that the prescribed inhaler is in date.

Name of Parent/Carer:

(please print)

Signature: **Date:**

Signature of Headteacher**Date:**