**Parental Agreement for school to administer Inhalers**

The school will not give your child medicine unless you complete and sign this form, and the school has staff that can administer the medication.

Name of Child: **.....................................................................................................................**

Date of Birth**: ......................................................................................................................**

Class: **......................................................................................................................**

Condition or illness: **.......................................................................................................................**

**MEDICATION**

Name/Type of Medication

(as described on the container)**:..........................................................................................................**

Date dispensed : **....................................................................................................................**

Expiry Date / Last Date of Course: **......................................................................................................**

Dosage method**: .....................................................................................................................**

Timing: **....................................................................................................................**

Special Precautions: **....................................................................................................................**

Any Side Effects

That the school should know: **.............................................................................................................**

Self-Administration **Yes/No** (circle as appropriate)

Procedures to take in an Emergency: **................................................................................................**

**CONTACT DETAILS**

Name: **................................................................……………………………………..**

Daytime Telephone No: **.....................................................................................................................**

Relationship to Pupil: **.....................................................................................................................**

Address:  **....................................................................................................................**

**I give consent to someone who has received appropriate training to administer the above medication on my behalf in school time, on trips, camps etc.**

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

Date: .................................

Signature(s)...................................................................................