

Brinsworth Whitehill Primary



CONSENT FOR A PUPIL TO CARRY AN INHALER

I give consent for my son/daughter _____

DoB _____ Class _____

Address _____

To be allowed to carry and administer his/her inhaler while he/she is in school:

Name of medication:
Procedures to be taken in the event of an emergency:

I confirm that this agreement will continue until I instruct the school in writing for the agreement to cease.

- By signing this consent form I agree and confirm that my son/daughter will adhere to the following statutory requirements:
- The medication will only be administered as directed on the printed pharmacy label.
- My son/daughter will take full responsibility for the safe management of the medication while they are at school.
- The medication is prescribed in the name of my son/daughter.
- The medication is for their sole use and will not be given to any other student.
- The school has informed me that it is advisable for my son/daughter to keep an additional inhaler in the school office in case of an emergency.

Name (PRINT) _____

Signature _____ Date _____

Relationship to the child _____

Please return this form to the school office for the attention of Mrs K Lee/Mrs L Cliff