



St. Paulinus Catholic Primary School

Inspiring all to live, learn and love in the light of Jesus.

(cf John 8:12)



ASTHMA INHALER CONSENT FORM

If you wish the school to administer inhalers, please complete and sign this form, giving your permission for school staff to administer the medicine, and return to the School Office.

If your child is no longer asthmatic, please tick this box and return this form to the School Office so that we can update your child's school record.

Details of pupil :

Surname : _____ Forename : _____

Date of Birth : _____ Class : _____ Male / Female

Address : _____

Medication : Type / Name of Inhaler : _____

Dosage : _____ as required

Please advise type of sufferer : Minor / Severe (please delete)

Other _____ eg. Chest infection / seasonal (hay fever)

Do you wish your child : 1) To leave their inhaler with the class teacher *

2) To keep their inhaler with them at all times *

* Please delete as appropriate, and ensure that the inhaler has your child's name clearly marked on it.

If your child has an asthma attack, and does not have their own inhaler available, do you give permission for your child to use another identical inhaler ? Yes / No (please delete)

We will inform you if your child refuses to take his / her medicine.

Contact Details :

Name : (please print) _____

Relationship to above named pupil : _____

Address : _____

Contact Telephone Number : _____

I understand that I must deliver the inhaler personally (clearly marked with my child's name and class) to the School Office.

I have left 2 inhalers and 1 spacer in school, with my child's name clearly written on each item.

Signature of Parent : _____ Date : _____

Accepted by staff (please print name) : _____

Signature of Staff : _____ Date : _____

'An outstanding school, which is deeply committed to the Catholic mission... this school inspires all within this faith community to live life to the full.' Ofsted 2017