



FORM 3B – ASTHMA INHALERS

Parental agreement for Asthma Inhalers in school

The school will not give your child medicine unless you complete and sign this form.

This form is to be completed at least annually, it is the parent/carer's responsibility to inform the school of any changes to medication and to make sure that inhalers are replaced periodically. Asthma Inhalers will be kept in your child's classroom and returned to you at the end of the school year.

Name of school/setting	The Florence Nightingale Academy
Date	/ /
Child's name	
Class	
Name of medicine	
How much to give (<i>i.e. dose to be given</i>)	
When to be given	
Any other instructions	

Note: Asthma Inhalers must be in the original container as dispensed by the pharmacy

Daytime phone no. of parent or adult contact	
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The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature _____

Print name _____

Date _____