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Parental agreement for school to administer asthma relievers

Please complete and sign this form.

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| --- | --- | --- | --- | --- |
| Name of school/setting |  | | | |
| Name of child |  | | | |
| Date of birth |  |  |  |  |
| Group/class/form |  | | | |
| Medical condition or illness |  | | | |
| Daily care requirements (e.g. before sport/lunchtime) |  | | | |
| Describe what constitutes an emergency for the child, and action taken if this occurs |  | | | |
| **Medicine**  **Note: Asthma Relievers must be the original container as dispensed by the pharmacy** |  | | | |
| Name/type of Asthma Reliever  *(as described on the container)* |  | | | |
| Date dispensed |  |  |  |  |
| Expiry date |  |  |  |  |
| Agreed review date to be initiated by | [name of member of staff] | | | |
| Dosage and method |  | | | |
| When to be given | |  | | | |
| Any other instructions | |  | | | |
| Timing | |  | | | |
| Special precautions: | |  | | | |
| Are there any side effects that the school/setting needs to know about? | |  | | | |
| Can they self-administer inhaler? | |  | | | |
| Procedures to take in an emergency  (See Appendix J) | |  | | | |
| **Contact Details** | |  | | | |
| Name | |  | | | |
| Daytime telephone no. | |  | | | |
| Mobile telephone no. | |  | | | |
| Relationship to child | |  | | | |
| Address | |  | | | |
| Who is the person to be contacted in an emergency (state if different for offsite activities) | |  | | | |
| Emergency telephone contact no. | |  | | | |
| Name and phone no. Of GP | |  | | | |
| I understand that I must deliver the asthma reliever personally to | | [agreed member of staff] | | | |

I accept that this is a service that the school/setting is not obliged to undertake.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school/setting staff (or my son/daughter) administering asthma relievers in accordance with the school/setting policy. I understand that I must notify the school/setting in writing of any change in dosage or frequency of asthma reliever or if asthma reliever is stopped.

Date Signature(s)