



ST MARGARET'S C of E JUNIOR SCHOOL

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Headteacher: Mr C P Gabbett



Administration of Asthma Inhaler Medical Form

The health, safety and welfare of your child/children are a major concern to us particularly while he/she/they are in our care. This form has been designed to enable staff to administer medication while your child is in our care.

Please complete and return the 'School Asthma Card' attached **and** the sections below. The card must be completed in full and signed by yourself and confirmed by your child's doctor/nurse.

Please ensure that your child has **two** inhalers in school - one to be kept with your child at all times and one to be kept in our Medical Room for emergencies.

Name: _____ Class: _____

has been prescribed _____ (Name of inhaler?)

he/she is to be given _____ (Amount?)

_____ (Time? /How often?)

The prescription drug **must** be in the original packaging naming your child as the recipient.

By signing this form you are authorising the use of the inhaler, and if necessary, staff to administer the medication referred to above.

Signed

Date

