

Bromley Heath Infant School

ASTHMA INHALERS

REQUEST TO ADMINISTER MEDICATION FORM

Parents/guardians are advised that, unless you complete and sign this form the school will not administer medication to your son/daughter/ward. The Headteacher and staff must still agree to administer medication as this is a purely voluntary act on their part.

DETAILS OF PUPIL

Surname_____ Forename (s)_____

Home Address_____

Date of Birth_____ Class/Form_____

CONDITION OR ILLNESS

Type of Condition or Illness _____

Name & Type of Medication _____
(as described on container)

How long will your child require the medication _____
(ongoing or specific time span)

FULL DIRECTIONS ON USE

Dosage & Method _____

Timing _____

Special Precautions _____

CONTACT DETAILS

Name of Parent/Guardian _____

Address _____

Daytime Telephone Number_____

Alternative Telephone Number _____

I understand that I must personally deliver the medicine to Head/Secretary/Class Teacher and accept that this is a voluntary service provided by the school.

Signature of Parent/Guardian _____ Date _____

