



GOSFORTH CENTRAL MIDDLE SCHOOL

MEDICINES IN SCHOOL

PARENTAL AGREEMENT FOR USE OF EMERGENCY SALBUTAMOL INHALER

The school/setting will not give your child medicine unless you complete and sign this form and the school or setting has a policy that staff can administer medicine.

PUPIL DETAILS	
Full Name	
Date of Birth	
Registration Class	

MEDICAL INFORMATION	
My child has been diagnosed with asthma/has been prescribed an inhaler	<input type="checkbox"/> Yes <input type="checkbox"/> No
My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Should an emergency salbutamol inhaler be administered to your child, you will receive written notification from the school informing you of this, the circumstances that led to the inhaler being administered, and the number of puffs of medicine administered.

PARENT / GUARDIAN DETAILS		
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other (<i>please specify</i>)	
Surname:		
Forename:		
Relationship to Pupil:		
Telephone Numbers:	Home:	
	Mobile:	
	Work:	

PARENT/GUARDIAN DECLARATION	
Parent / Guardian signature.....	Date.....
Print Name.....	

ADDITIONAL INFORMATION *(Please use this space to provide any further information that you believe school should be aware of in relation to your child's medical condition).*