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"For I know the plans I have for you... plans I have to give you a hope and future." Jeremiah 29:11

ASTHMA INHALER ADMINISTRATION FORM

Ruishton Church of England School will not give your child medicine without parental consent. This form must be completed in full and signed by a parent or legal guardian. The school has a policy that confirms that staff can administer medicine. Parents are encouraged to read the policy in advance on giving their permission. A copy can be found on the school website or requested at the office.

Name of Child:.....

Date of Birth:.....

Class:.....

Inhaler Information

NB: Medicines must be in original container as dispensed by the pharmacy or from over the counter

Inhaler Type:.....

Date Prescribed:.....

Expire Date:.....

Number of puffs to be given at one time..... **Max** number of puffs allowed in one school day.....

Special precautions/Timings:.....

Self-Administration: YES/NO (delete as appropriate)

Procedures to take in an Emergency:.....

Parents/Guardian/Carer Contact Details

Name:.....

Daytime Telephone Number:.....

Relationship to Child:.....

I understand that I must deliver and collect the medicine personally from the main school office. I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signed:..... Date:.....

Print Name:.....