

**GEORGETOWN PRIMARY SCHOOL**  
**ASTHMA FORM**



**ADMINISTRATION OF MEDICINE IN SCHOOL – ASTHMA INHALER**

The Parent, Guardian or Carer of the pupil is responsible for completing Part A of this form. Part B should be completed by the school. **School staff will not allow use of an asthma inhaler if this form is not fully completed.**

**PART A – TO BE COMPLETED BY THE PARENT/GUARDIAN/CARER**

<b>PUPIL INFORMATION</b>			
Full Name		Date of Birth	
Address			
<b>HOME CONTACT INFORMATION</b>			
<b>Home Contact 1</b>		<b>Home Contact 2</b>	
Full Name		Full Name	
Telephone		Telephone	
Relationship to pupil		Relationship to pupil	
<b>MEDICAL CONTACT INFORMATION</b>			
Has your child been prescribed an inhaler by a medical professional		Yes	No
If yes please provide details of medical professional:			
Name		Status e.g., GP	
Address		Telephone No.	
Can your child use the inhaler without supervision?		Yes	No
When must your child have access to their inhaler? Please also provide details of dosage, times required and if aerochamber/spacer needed.			
Is there any other information the school should have about your child's asthma?			
<b>STATEMENT BY PARENT, GUARDIAN OR CARER</b>			
I accept responsibility for the accuracy of the information I have provided in this form and agree to tell the school immediately if any of it changes. I accept that the school cannot be held responsible for errors or omissions by me or for the consequences of any such errors or omissions.			
Signed		Dated	
Print Name		Relationship to pupil	

**PART B – TO BE COMPLETED BY THE SCHOOL**

The inhaler will be: Available at all times <input type="checkbox"/> Issued on request <input type="checkbox"/> Carried by the pupil <input type="checkbox"/> If issued on request, the inhaler will be stored in the classroom.			
The persons responsible for the pupil's access to their inhaler is the <b>Class teacher or Teaching Assistant.</b>			
This pupil is/is not capable of using their inhaler without supervision			
<b>DECISION - This section to be completed by the Headteacher or nominated substitute</b>			
I am/am not satisfied with the arrangements for this pupil to use their inhaler in this school and approve/refuse the request.			
Signed		Dated	
Print Name		Designation	