

**Audlem St. James' C.E. Primary School**

**Administration of Medicines Policy - Appendix 2**

**This form must be completed and sent to school if  
your child uses an inhaler**

**Medicine in school - INHALERS**

Child's name ..... Year of entry .....

Parent's/ carer's name ..... Daytime Tel. No.....

Doctor's name ..... Tel.  
No.....

**Inhaler type - e.g. Ventalin cartridge, disc etc.**

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**How often and when does your child need to use an inhaler?**

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**Is your child likely to have a severe asthma attack?**

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**Where should your child's inhaler be kept? E.g. Teacher's desk or  
child's tray**

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**Any other instructions**

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**Signed** \_\_\_\_\_ **Parent/Carer Date** \_\_\_\_\_

**REQUEST FOR THE SCHOOL TO GIVE MEDICATION**  
**Appendix 1 to Administration of Medication Policy**

Dear Headteacher,

I request that ..... (Full name of Pupil)  
be given the following medicine(s) while at school:

Date of birth ..... Year .....

Medical condition or illness .....

Name/type of Medicine .....  
(as described on container)

Expiry date..... Duration of course.....

Dosage and method ..... Time(s) to be given.....

Other instructions .....

Self administration Yes/No (mark as appropriate)

The above medication has been prescribed by the family or hospital doctor  
(Health Professional note received as appropriate). It is clearly labeled  
indicating contents, dosage and child's name in FULL.

Name and telephone number of GP .....

I understand that I must deliver the medicine personally to (agreed member of  
staff) and 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 .....Print Name .....  
(Parent/Carer)

Daytime telephone number .....

Address .....

Note to parents:

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal carer of the child and that the administration of the medicine is agreed by the Headteacher.
2. Medicines must be in the original container as dispensed by the Pharmacy.
3. The agreement will be reviewed on a termly basis.
4. The Governors and Headteacher reserve the right to withdraw this service