



Ashby Hill Top Primary School

An Academy School

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Administering of Medicines in School Inhalers

FROM: Parent/Guardian _____ of Full Name of Child

My child has been diagnosed as suffering from _____ (name of illness).

He/She is considered fit for school but requires the following prescribed medicine to be administered during school hours (name of medicine). _____

Could you please therefore administer _____ (dosage) at _____ (time)

with effect from _____ (date) to* _____ (date)* inclusive

* Delete if long term medication

The equipment my child uses is (please tick as necessary) Inhaler Spacer

I understand that all staff are acting voluntarily in administering medicines and have the right to refuse to administer medication. I understand that the school cannot undertake to monitor the use of inhalers carried by children, and that the school is not responsible for loss or damage to any medication.

I understand it is my child's responsibility to remember to go to the medical room at the right time for the medication.

I undertake to update the school with any changes in administration for routine or emergency medication and to maintain an in date supply of the medication at school which is clearly labelled with my child's name.

If for any reason my child's inhaler doesn't work or is out of date I give permission for the school to use their emergency salbutamol inhaler

Signed _____ (parent/ guardian)

Name of Parent/Guardian

