



# St Ives School



## MEDICAL FORM 2 ASTHMA INHALER CONSENT FORM

This form must be filled in by a parent/carer only if your child suffers from asthma.

Please note: a separate form should be completed for each inhaler needed.

Name: ..... Tutor Group: .....

Name of inhaler: ..... Expiry date: .....

Procedures to be taken in an emergency: .....

.....

.....

### Parent/Carer Contact information

Name: .....

Daytime telephone no: .....

Relationship to the child: .....

My son/daughter will need to keep their spare asthma inhaler in the Main Office at school.

Parent/Carer Signature: .....

Date: .....