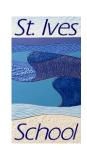


St Ives School



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:	
Data:	