



Inhaler Consent Form

Name of Pupil	
Year group	
Date of Birth	

Medicine

Name of Medicine	
Special Precautions or other instructions	
Any side effects that the school needs to know about	
Procedures to take in an Emergency	

The above information is, to the best of my knowledge, accurate at the time of writing. I will inform the school/setting immediately, in writing, if there is any change in the medication or if the medicine is stopped.

I understand that I must notify the school/setting of any changes in writing.

Date

Name

Signature

Relationship to child

Daytime Tel Number