



# St. Anne Line Catholic Infant School & Nursery



## Medical Administration Form - Reliever Inhaler

St Anne Line Infant School & Nursery will not give your child medicine unless you complete and sign this form.

**Child's Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**Name / Type of medication:** \_\_\_\_\_

**Dosage, method and timing:** \_\_\_\_\_

**When I need my inhaler:**

- |   |   |
|---|---|
| <input type="checkbox"/> If I start coughing    | <input type="checkbox"/> My chest becomes tight.    |
| <input type="checkbox"/> I start wheezing.      | <input type="checkbox"/> I find it hard to breathe. |
| <input type="checkbox"/> Other (describe below) |   |

\_\_\_\_\_  
\_\_\_\_\_

**My Triggers are:**

- |   |   |
|---|---|
| <input type="checkbox"/> Exercise               | <input type="checkbox"/> Cold/Flu             |
| <input type="checkbox"/> Respiratory illness    | <input type="checkbox"/> Dust                 |
| <input type="checkbox"/> Pets/Animals           | <input type="checkbox"/> Foods                |
| <input type="checkbox"/> Changes in the weather | <input type="checkbox"/> Pollen grass/flowers |
| <input type="checkbox"/> Other (describe below) |   |

\_\_\_\_\_  
\_\_\_\_\_

## **CONSENT FOR USE OF EMERGENCY SALBUTAMOL INHALER**

**For a child showing symptoms of asthma/having an attack.**

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler
2. My child has a working, in date inhaler, clearly labelled with their name, which is in school.

3. In the event of my child displaying symptoms of asthma and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

4. I consent for my child to receive salbutamol from an inhaler in line with the Essex NHS 'TIME' guidelines below:

I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Emergency contact no: \_\_\_\_\_

### **STAFF INDEMNITY**

Essex County Council fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, have been suitably trained and are following the LEA's guidelines. For the purposes of indemnity, the administration of medicine falls within this definition and hence the staff can be assured about the protection their employer provides. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked.

### **AGREEMENT AND CONCLUSION**

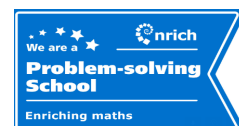
A copy of these notes will be held by the School and the parents. Any necessary revisions will be subject of further discussions between the school and the parents.

On a termly basis, any changes in routine will be noted and circulated.

### **AGREED AND SIGNED**

Headteacher: ..... Date:  
.....

Parent/Guardian: ..... Date:  
.....



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