



WESTCOURT PRIMARY SCHOOL
PARENTAL AGREEMENT FOR SCHOOL/SETTING TO ADMINISTER ASTHMA MEDICATION

The school/setting will not give your child their asthma medication or supervise them taking it themselves unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

NAME OF CHILD

DOB

SCHOOL CLASS

SCHOOL NURSE CONTACT NO

MEDICATION

NAME/TYPE OF MEDICATION

EXPIRY DATE SELF ADMINISTRATION YES/NO

DOSE & METHOD

TIMING

SPECIAL PRECAUTIONS

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ANY FURTHER INFORMATION SCHOOL/SETTING NEEDS TO KNOW ABOUT?

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PROCEDURE TO TAKE IN AN EMERGENCY - WHAT CONSTITUTES AN EMERGENCY?

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CONTACT DETAILS

Name: Relationship

EMERGENCY CONTACT NO MOBILE

School staff, which have received appropriate training, will be covered by indemnity as set out in KCC guidance (section 10 paragraph 2:1 & 5:2 supporting pupils with medical needs)

WE, THE UNDERSIGNED, CONSENT TO THIS AGREEMENT:

HEADTEACHER/OTHER (Please state) PARENT

Signature Date Signature Date

Print Name Print Name: Review Date

