



Richmond Pre-school CIC

c/o South Benfleet Primary School
(01268) 753061

richmondpreschool@btconnect.com

Permission for administering Asthma medication

Dear Parent(s) / Carer(s),

You have advised us that your child has been diagnosed with Asthma. Please complete the form below to provide us with details of your child's condition.

If your child has been prescribed with an Asthma pump it is a lawful requirement that an inhaler be kept on the premises when your child attends the pre-school. Please contact your doctor to get a spare inhaler that can be kept with us at pre-school.

Current law does not allow us to administer treatment (including Inhalers) unless we have your written permission. Please complete and sign the form below and return to the office.

Name of Child DOB :

Known triggers for their Asthma
.....

Medication used for Asthma
.....

Strength & Medication dosage, No. of puffs required

Medication Prescribed by (Name of Doctor)

When required
.....

How should this medication be stored.....

I hereby give permission for the staff at Richmond Pre-school CIC to administer the above inhaler to, who I have parental responsibility for.

Signature Print Name Date:

Please return this form with your child's medication including the box that the pump comes in and any leaflets about the medication. If your child requires the pump to be used with a spacer please also provide this. All medication, the pump and the spacer must be clearly labelled with your child's name.

I hereby confirm that, who I have parental responsibility for, no longer requires Asthma medication to be available for use at Richmond Preschool.

Signature Print Name: Date: