HATFIELD PEVEREL ST ANDREW'S JUNIOR SCHOOL Church Road Hatfield Peverel Chelmsford Essex CM3 2JX



2 01245 380131

 \blacksquare www.hatfieldpeverelstandrews.ik.org \bowtie admin@hatfieldpeverel-jun.essex.sch.

ASTHMA & INHALER/MEDICATIONS

Pupil's Full Name:	Base :
Address:	
Condition / Illness: ASTHMA	Month/Year condition started:
Name / Type of Medication:	
	dication(s) are given to your child to control their er, blue inhaler, other prescribed medications
What is the dosage of each of the	medications?
What time of day are they taken?	
0),	
Are there any specific circumstan	ces in which they should be taken?
Are there any possible side-effect	ts?

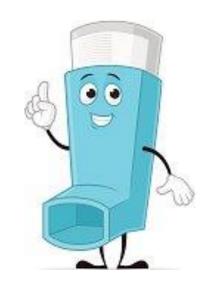
EMERGENCY CONTACTS

Emergency contacts: Name:	Relationship to child:
Daytime telephone no:	
OR	
Name:	Relationship to child:
Daytime telephone no:	
I acknowledge that if any of the medication shou Clinic, or there is any change in your child's cond immediately.	<u> </u>
I understand that I am also responsible for ensur medication that they may need on a daily basis i within their 'use by' date.	
I give permission for my child to use their inhaler this and in what circumstances.	and confirm that they know how to use
Name:	Relationship to child:
Signed:	Date:
RECORD OF MEDICATION ADMINISTERED T	O PUPIL

-				T	T
Date	Time	Pupil's Name	Name of Medication / Reason for Medication	Dose Taken	Signed
		O			

Date	Time	Pupil's Name	Name of Medication / Reason for Medication	Dose Taken	Signed
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			0.		
		CKIO			

Hatfield Peverel St Andrew's Junior School



Name
Base
Used their puffer today at puffs
Signed
Print Name
Date