

Paston Ridings Primary School  
 Paston  
 Peterborough  
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Headteacher: Mrs J Cook

Deputy Headteacher: Mrs N Harradine  
 Assistant Headteacher: Miss G Hayes

## PARENTAL CONSENT FOR A CHILD TO USE AN INHALER IN SCHOOL

<b>NAME OF CHILD</b>		<b>NAME OF SCHOOL</b>	
<b>DATE OF BIRTH</b>		<b>CLASS</b>	
<b>NAME OF PARENT/CARER</b>		<b>HOME TEL NO</b>	
<b>WORK TEL NO</b>		<b>EMERGENCY CONTACT NO</b>	
<b>NAME OF GP</b>		<b>GP TEL NO</b>	
<b>HOSPITAL CONSULTANT (IF RELEVANT)</b>		<b>HOSPITAL TEL NO</b>	

I will ensure my child knows how to use their inhaler and consent to him/her using it as required or at the following times:

Time..... Time.....

I undertake to ensure that the medication/equipment supplied by me and prescribed by my child's doctor is correctly labelled, in date, with storage details attached and that the school will be informed of any changes.

I understand that this will be reviewed annually.

Parent/Carer Name..... Signed.....

Date.....

**COPY TO BE RETAINED IN SCHOOL OFFICE**

**COPY TO BE KEPT IN PUPILS CLASSROOM**

