

Request for school to administer medication - Epipens/ Inhalers/ Steroid creams

I, the parent/carer of..... give school staff at Moat Farm Infant and Nursery School permission to administer medication in accordance with the following instruction: -

Medication	Dose
Expiry date	
Inhalers only Lot number on box - Lot number on inhaler -	
Method	Time or interval of dose
Indications for giving	These instructions remain in effect until

I give permission for the medication and my child's name/photograph to be displayed and be easily accessible for my child in their classroom

Yes No

Parent Name.....Signature.....

Date.....Contact number.....

School staff - Inhalers only - I confirm the lot number on the box and inhaler match

School Signature.....Date.....

I confirm that the medication has been handed back to me on(date)

Signature.....