

**PARENTAL CONSENT FORM FOR THE ADMINISTRATION OF AN INHALER**

Please complete the relevant part/parts of this form which relate to the administration of an inhaler to pupils at Coagh Primary School.

**Part A** should be completed by **all** pupils P1 - P7 if they require an inhaler to be kept in school.

**Part B** should only be completed for those pupils in P4, P5, P6 and P7 who wish to carry an additional inhaler with them and are able to self-administer.

**PART A- ADMINISTRATION OF INHALERS WITH ASSISTANCE/SUPERVISION FROM STAFF (P1-7 PUPILS)**

Pupil Name: \_\_\_\_\_

Class: \_\_\_\_\_

Dosage/Administering instructions:

Signed: \_\_\_\_\_  
Parent/Guardian

Date: \_\_\_\_\_

**\*Inhalers must be given personally to the child's teacher along with this form\***

**PART B- SELF ADMINISTRATION OF INHALERS (P4-7 ONLY)**



\*If you wish your child to carry an **additional inhaler** in school and wish them to self-administer, please sign the consent declaration below.

I would like my child to keep an additional inhaler in his/her possession and to self-administer as detailed above in Part A of this form.

Signed: \_\_\_\_\_  
Parent/Guardian

Date: \_\_\_\_\_