PRIESTMEAD PRIMARY SCHOOL
Moving Onwards and Upwards Together
A part of The Pegasus Partnership Trust

Executive Headteacher: Sash Hamidi
Associate Headteacher: Amy Creamer
Deputy Headteacher: Andrea Callender
Assistant Headteacher & SENDCO: Aliya Boghani-Shah
Assistant Headteacher & DSL: Sachin Patel
Assistant Headteacher: Angela Goonetilleke
Assistant Headteacher: Alamin Miah
Premises & Income Manager: Mark Alwyn

Consent Form for Inhaler medication only

We require this information to ensure accurate administration of medication to your child. This information will be kept as long as your child is in our care. Please complete the form using capital letters. Fill in **ALL** the blank spaces.

I (parent/carer) _____ give Priestmead Primary School permission to administer the following medication to (child's full name) ..... in (class) ..... What is your relationship to the child? ....

Name of medication.....

Reason for medication .....

Dosage..... at time/frequency .....

Is there any additional information we need to know? Yes ☐ No ☐
(If yes, what?)
.....

I (parent/carer) _____ give permission for a backup Ventolin inhaler to be administered in an emergency if personal inhaler is unavailable.

Signature_____ Date _____

For Staff members only - please sign when receiving medication

Signature_____ Date_____
Print Name_____

Headteacher permission to administer medication

Signed _____ Date_____

Hartford Avenue
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Middlesex HA3 8SZ

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