



ABBEYS PRIMARY SCHOOL
 Melrose Avenue, Bletchley, Milton Keynes, MK3 6PS
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 www.abbeyprimary.org
 Mrs Sophie Good - Headteacher

Request for School Personnel to Administer Medicine / Inhaler

Name of Child _____ Class _____

Section for Medicines:

Name of Medication _____ To be stored in fridge YES/NO

Reason for Medication _____

Time to be administered _____ Dosage _____

No. of Days to be taken _____ To be taken home daily YES/NO

Additional Information _____

Section for Inhalers:

Please attach a copy of your child's asthma care plan.

Name of Inhaler _____ Expiry Date _____
 Blue / Brown

_____ Expiry Date _____
 Blue / Brown

Time to be administered _____ Dosage _____

Additional Information _____

Name of Parent/Carer _____ Date _____

Signature of Parent/Carer _____

ADMIN USE ONLY

Authorised by Headteacher: _____ Date _____

Medicine / Inhaler held @ School Office / Classroom / Other _____

Additional Information _____

Date	THIS SECTION MUST BE COMPLETED BY INITIALLING EACH BOX BEFORE MEDICATION IS GIVEN			Medication given	Time	Administered By
	CHECK: Right Child	CHECK: Right Meds	CHECK: Right Time			
	CHECK: Right Child	CHECK: Right Meds	CHECK: Right Time			
	CHECK: Right Child	CHECK: Right Meds	CHECK: Right Time			
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