St Anne's C of E Primary School

Medication log

ASTHMA INHALER

Child's name: …… Class: ……

Inhaler name/type: ……..

Date	Time	Number of puffs	First Aider	Witnessed by	Notes

Return to School Office for filing when completed

Last updated December 2025 MF

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Medication log

School Office to call parents BEFORE any medication is given.

Child's name: …… Class: ……

Medication name/type: …… Dosage instructions: ……..

Date	Time	Amount given	First Aider	Witnessed by	Notes

Return to School Office for filing when completed

Last updated December 2025 MF