



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 05.11.2024 MF



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**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



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Medication log

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