



## **Administration of Inhaler**

-	childClass											
Every Day at(time) / When Necessary (please delete as appropriate)												
Expiry da	nte on inh	aler										
Any furth	ner inform	nation										
Print nan						•••••						
			Date Dur child's classroom and will be taken on any trips out of school.  r of Staff Name Any further details									
The inha	ler will be	kept in your ch	ild's classroom and	d will be tak	en on any trips out of school.							
Date	Time	Number of puffs	Staff Name	Any f	urther details							





Date	Time	Number of Puffs	Any further information
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		+	
		+	
		1	