Administration for the Administration of Ventolin (Salbutamol) Form

Authorisation of Medication

Pupil's Name		
Reason for medication	Asthma	
Name/ type of medication (as described on the container)	Ventolin Reliever/Inhaler	
Start date and duration	And until further notice	
Dosage	Initially 2 puffs via reliever/inhaler/ If there is no improvement, continue to give two puffs, of the reliever/inhaler (one puff at a time) every two minutes, up to ten puffs	
Timings	As required	
Parent/ Carer's Name		
Signature & Date		In the event of my child displaying symptoms of asthma, and if their inhaler & spare inhaler are not available or unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies

Administration of Medication

Date												
Time												
Signature/ Initials												
Print Name												
Comments, ie. Full/part dose, reactions, parental acknowledgement												

Initial Review	Signature		Date					
Ongoing review	Signature		Date		Signature		Date	
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