

**Procedures to be taken in an emergency:** (e.g. asthma – maximum number of doses to be administered for treatment of acute wheezing)

.....  
.....  
.....

**3. PARENTAL RESPONSIBILITY**

- (i) I would like my daughter/son to keep her/his medication on her/him for use as necessary.
- (ii) I understand that I must deliver the medicine(s) personally to you and to replace them wherever necessary

*Delete (i) or (ii) as appropriate.*

- (iii) I accept responsibility for advising you immediately of any change of treatment prescribed by any doctor or hospital.

Signature: ..... Date: .....  
**Parent/Carer**

.....

Date Received by School: ..... Signature: .....  
**Head Teacher**

<b>ACTION TAKEN</b>
---------------------