



St Thomas of Villanova
Parish School
Mareeba

ASTHMA MEDICATION PERMISSION SLIP

I wish to notify St Thomas's School that my childwho is in
Class suffers from Asthma and therefore must retain puffer/s in his/her
possession at all times.

I give my child permission to self administer any of the Asthma related medications
which have been prescribed by our Doctor.

In an emergency situation, I also give permission for the Staff of St Thomas's School,
Mareeba to assist my child with the administering of any Asthma related puffers
should he/she require it.

This authority is to remain in force for the Year 2013 School year.

..... Name of Parent

..... Signature

..... Date