

# Eureka!

School First Aid

# Inhalers & AAls For Schools Order Form

**Please ensure that this form is completed and signed by the Headteacher / Principal**

CMUK Visual Safety Ltd (trading as Eureka!) is a licensed pharmaceutical wholesaler. Under the provisions outlined in the Department of Health's guidance for emergency inhalers/AAls in schools, salbutamol inhalers/AAls can only be made available to Head Teachers. To order salbutamol inhalers or AAls from Eureka! Please use the order form below. **Pharmaceutical products cannot be returned.**

**Please Note: FOR AUTHORISATION AND RECORD KEEPING PURPOSES, ALL ORDERS FOR PHARMACEUTICAL ITEMS CAN ONLY BE RECEIVED VIA FAX, POST OR EMAIL.**

Product Code	Description	Qty	Price Each
<b>FREE DELIVERY ON ALL ORDERS</b>		<b>TOTAL</b>	
<b>NEXT DAY DELIVERY</b> On stock orders received before 4pm		Please add VAT at 20%	
<b>100% SATISFACTION GUARANTEED</b>		<b>INVOICE TOTAL</b>	

Data Protection: CMUK Visual Safety Ltd guarantees that information relating to schools, Headteachers and any official registration numbers will be held in accordance with the Data Protection Act and will not be supplied to any third parties under any circumstance.

## Declaration of Intent - Inhalers

Please supply..... (Number) \* Salbutamol Inhalers to this school or college for emergency administration to students suffering an asthma attack and who do not have access to their own personal inhaler.

*\* A maximum of two inhalers can be ordered per class per month.*

Head Teacher Name (Block Capitals) .....

Head Teacher Signature .....



## Declaration of Intent - AAls

Please supply..... (number) \* Adrenaline Auto Injectors to this school or college for emergency administration to students suffering from anaphylaxis and who do not have access to their own personal AAI. *\* A maximum of two AAls can be ordered per class per month.*

Head Teacher Name (Block Capitals) .....

Head Teacher Signature .....



## Invoice Address PLEASE COMPLETE IN BLOCK CAPITALS

Name Mr/Mrs/Miss/Ms:

School Name:

Address:

Postcode:

Tel:

Email:

Purchase Order No:

Date: / /

## Delivery Address (if different) PLEASE COMPLETE IN BLOCK CAPITALS

Name Mr/Mrs/Miss/Ms:

School Name:

Address:

Postcode:

Tel:

Email:

Special Instructions:

**Please confirm the following has been completed before returning this order form to us**

- ☐ Completed the appropriate "Declaration of Intent" by adding the total quantity of inhalers and / or AAls you are ordering (This includes any inhalers or AAls you order as part of a kit)
- ☐ Ensured the declaration of intent has been signed by the Headteacher with their name clearly printed in block capitals
- ☐ The name of the school clearly printed in block capitals within the address details

