

CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

Child's Name: _____ Year Group: _____

Emergency Contact Number: _____

Child showing symptoms of asthma / having asthma attack:

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler **[delete as appropriate]**.
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them and carry around in school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or are unusable, **I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.**

Signed: _____ (Parent / Carer)

Printed Name: _____

Date: _____