Parental Consent Form

Use of Emergency Salbutamol Inhaler at Holy Cross Church of England Primary School

I can confirm that my child has been:

1. 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 to school each day. (please circle) Yes / No

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive Salbutamol from an Emergency Inhaler held by the school for such emergencies. (please circle) Yes / No

4. Parents will be notified if the Emergency inhaler has been used.

Parent/Guardian signature: ……

Date: ……

Print name: ……

Child's name: ……