



CONSENT FORM USE OF EMERGENCY SALBUTAMOL INHALER

1, I can confirm that my child:

Name:D.O.B:

has been diagnosed with asthma / has been prescribed an inhaler (please delete as appropriate)

2, My child has a working, in-date salbutamol inhaler, clearly labelled with their name, which is kept in their classroom.

3, In the event of my child displaying symptoms of asthma, and if their inhaler is not available or unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:Date:

Print name:

Parent's address and contact details:

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Telephone: