



CONSENT FORM:

USE OF EMERGENCY SALBUTAMOL INHALER

Students full name: _____

D.O.B. ____/____/____

I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler.

My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

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.

Parent/Carer Signature: _____

Parent/Carer Name: _____

Date: _____

Please return this form to Mrs Edwards, Admissions Officer
Cc: Mrs C Reed, Student Services & Medical