



Consent Form: Use of Emergency Salbutamol Inhaler

Student showing symptoms of asthma/having asthma attack

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

Signed:.....**Date**.....

Name:.....

Students Name:.....**Class**.....

Parents address and contact details.....

.....

.....

Email address.....