

# **PARENTAL CONSENT FORM FOR**

**USE OF SCHOOL EMERGENCY SALBUTAMOL INHALER**

Child showing symptoms of asthma/having asthma attack

Child’s name ………………………………………………………………………………………….

D.O.B…………………………….…………… Form Class……………………………….

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler.
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will carry with them or be kept in a designated area within the school.
3. Where possible parents will supply a spare inhaler which is kept in the school surgery.
4. 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 (Ventolin) from an inhaler held by the school for such emergencies.

Signed……………………………………………………………………………….

Name (print) ………………………………..… Relationship to child ….…………………………

 Reviewed: July 2022