



## ASTHMA

### CONSENT FORM:

#### Use of emergency salbutamol inhaler

School Name:

Name of child:

Child's class:

Inhaler type:  
(Please circle)

When required:  
(Please state  
As and when/  
After P.E)

#### **Child showing symptoms of asthma/having asthma attack**

**Please tick as appropriate:**

- I can confirm that my child has been diagnosed with asthma.
- My child has been prescribed with 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.
- My child will keep their inhaler in class with them.
- 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.

**Please note: we can only administer an inhaler to your child if it is labelled and prescribed from your doctor or nurse**

**It is your responsibility to advise the school if any of the above information changes.**

Signed: .....  
Parent/Carer

Date: .....