



Appendix F - Consent form: Use of Emergency Salbutamol Inhaler

CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they keep in school.
3. 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 emergency inhaler held by the school for such emergencies.

Signed:.....

Date:.....

Name

(print):.....

Child's

name:.....

Class:.....

Parent's address and contact details:

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.....
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Telephone:.....

Email:.....