

## Consent form

### Use of emergency salbutamol inhaler

Student showing symptoms of asthma/having an asthma attack;

Student's name.....Tutor group.....

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

Name (print).....

Signed.....

Relationship to child.....

Date.....

Parent/Carer address and contact details;

Address.....

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.....Postcode.....

Telephone number.....

Email address.....