

Our Lady's Catholic Primary School



Consent form for the emergency use of salbutamol inhaler (asthma inhaler)

Child's Name _____ **Class** _____

1. I can confirm that my child has been diagnosed with asthma or has been prescribed an inhaler.
2. My child has a working, in-date inhaler, clearly labelled with their name, which they have in school that is kept in the designated area in the classroom.
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 an emergency inhaler held by the school for such emergencies.

Signed:..... Date:

Address and contact details:

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.....
.....

Telephone:

E-mail:

ONCE COMPLETED, PLEASE RETURN THIS FORM TO THE OFFICE AS SOON AS POSSIBLE. Thank you