



Emergency Asthma Inhaler Consent Form

FOR USE OF THE EMERGENCY SALBUTAMOL INHALER DURING THE ACADEMY DAY

for student's showing symptoms of asthma / having an asthma attack.

Students name:

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 will bring with them to Q3 every day.
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 Academy for such emergencies.

Parent Signature;

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Parent Name; (please print on the line above)

Date:

Parent address and contact details:

Parent's address;

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Parent's daytime Telephone number;

Parent's daytime email address;