This consent form allows the school to administer an emergency salbutamol inhaler by a qualified member of staff to a child who requires it, but, at a time when their own inhaler is not available for use.

1. I can confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been diagnosed with asthma & has been prescribed an inhaler by their doctor. (delete as appropriate)
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has a working, in-date inhaler, clearly labelled with their name which they will keep in school.
3. In the event of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ displaying symptoms of asthma, and if their inhaler is not available or unusable, I consent / do not consent (delete as appropriate) for them to receive salbutamol from an emergency inhaler held by the school for such an occasion.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |
| Print: |  |  |  |

|  |  |
| --- | --- |
| Childs Name: |  |
| Class: |  |

|  |  |
| --- | --- |
| Parents Address: |  |
| Post Code |  |
| Telephone |  |
| E-mail |  |