



CONSENT FORM:

Use of school's own salbutamol inhaler

Child's name:

DOB:

Class/form:

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler [delete as appropriate].
2. I will ensure my child has a working, in date inhaler, clearly labelled with their name, which will be in school 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 held by school for such emergencies.

Name (print):	
Signed:	
Relationship to child:	
Date:	