CONSENT FORM

Use of emergency Salbutamol Elveden C of E Primary Academy.

Child showing symptoms of asthma/having asthma attack.

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, boxed and clearly labelled with their name. This will be left at school in a cupboard in their classrooms.

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: ………………………………………………

Name (print): ……………………………………………………………………………………………………………………

Child’s name: ………………………………………………………………………………………………………………….

Class: ………………………………………………………………………………………………………………………………

Parent’s address and contact details: …………………………………………………………………………...

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Telephone: ……………………………………………………………………………………………………………………..