

School Emergency Salbutamol Inhaler Consent Form

[School Name]

1. I can confirm that my child has been diagnosed with asthma / has been prescribed a salbutamol inhaler [delete as appropriate]
2. My child has a working, in-date inhaler, clearly labelled with their name, which I will provide for school to keep on site.
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] _____

Childs name _____ Class _____

Adapted from the DOH Guidance on the emergency salbutamol inhalers in school (2015)