

USE OF EMERGENCY SALBUTAMOL INHALER CONSENT FORM

Insert child's photo here
from
Classwork – Report Photos

Insert Child's Name Here

1. I can confirm that my child has been diagnosed with asthma and / or has been prescribed an inhaler.
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will have in the academy / with them 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.
4. I confirm I will advise the academy if details of my child's condition change.

Signed: _____ Date: _____

Name: _____

My emergency contact details are: _____
