

CONSENT FORM:
USE OF EMERGENCY SALBUTAMOL INHALER
OAKWOOD INFANT & NURSERY SCHOOL

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 requires the following dosage if they show symptoms
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3. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
4. 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 No: