



LYNDON GREEN

Junior School

**CONSENT FORM:
USE OF EMERGENCY SALBUTAMOL INHALER**

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, clearly labelled with their name, which they will bring with them to school every day. In addition an in-date inhaler, clearly labelled with their name inhaler has been provided to be stored in the school office.
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:

Name:

Address:

.....

Telephone:

E-mail: