



Emergency inhaler consent form

Please complete this form to provide consent for your child to receive salbutamol from an emergency inhaler in a medical emergency.

1. I can confirm that my childhas 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/will be left in school [delete as appropriate].
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:
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Name (print):	Child's name:
Class teacher:	

Parent's address:	
Parent's telephone:	Parent's email:

Second emergency contact name:	
Address:	
Telephone:	Email: