



Latymer All Saints C OF E Primary 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.
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 the emergency inhaler held in school for such emergencies.

Signed:.....

Date:.....

Name of Parent / Carer:

(print).....

Child's

name:.....

Class:.....

Parent's address and contact details:

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Telephone:.....

E-mail:.....