

Signed:

Pencombe CE Primary School



Pencombe, Bromyard, Herefordshire, HR7 4SH Telephone: 01885 400255
Email: admin@pencombe.hereford.sch.uk Website: https://pencombe.hmfa.org.uk/
Executive Headteacher: Mrs Elizabeth Orton BA Ed (Hons)
Head of School: Mrs Victoria Goodman BA (Hons)

CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER PENCOMBE CE PRIMARY 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 has a working, in-date inhaler, clearly labelled with their name, which has been provided by me and will be kept by the school in my child's class.
- 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.

Name(p	rint):						 		
Child's									
Name							 	_	
Class:							 		
Name/stor 1.	procedus operations;								
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2. Jiggəliola			Mobile:		Wor	k:			
Email:					1		-		
	erson have parental. IV					Yes	No		













