



**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.

Signed: \_\_\_\_\_

Name(print): \_\_\_\_\_

Child's Name \_\_\_\_\_

Class: \_\_\_\_\_

Name/s of parent/s or carer/s			
1.			
Telephone	Mobile:	Work:	
Email:			
Does this person have parental responsibility?			Yes <input type="checkbox"/> No <input type="checkbox"/>
2.			
Telephone	Mobile:	Work:	
Email:			
Does this person have parental responsibility?			Yes <input type="checkbox"/> No <input type="checkbox"/>

