



Use of Emergency Salbutamol Inhaler

Please tick below as appropriate:

- I can confirm that my child has been diagnosed with asthma.
- I can confirm that my child has been prescribed an inhaler by their GP.
- My child has a working in date inhaler, clearly labelled with their name, to be kept at school in my child's classroom.
- My child has been diagnosed with asthma **but does not** require the use of an inhaler in school currently, however if this changes I will inform the school as necessary.
- I understand that it is my responsibility as parent/carer to ensure that my child has an in date inhaler in school at all times.
- 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.

Child's Name:	Class:
Name of inhaler prescribed:	
Dose needed:	When to be given:
Parent/Carer Address:	
Emergency Contact Number:	Relationship to Child:

Signed: _____ **Date:** _____
(parent/carer)