



Oak-Tree Schools

Consent Form Use of Emergency Salbutamol Inhaler

CHILD'S DETAILS			
Pupil's Full Name			
School		Class	

PARENT/GUARDIAN DETAILS			
Full Name			
Telephone		Email	
Home Address			

CHILD SHOWING SYMPTOMS OF ASTHMA/HAVING ASTHMA ATTACK (please tick as appropriate)			
1.	I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler.	YES	NO
2.	My child has a working, in-date inhaler, clearly labelled with their name, which is being held by the school.	YES	NO
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.	YES	NO

AGREED AND SIGNED			
Signed		Date	
Print Name			