



# Oak-Tree Schools

## Consent Form Use of Emergency Salbutamol Inhaler

| <b>CHILD'S DETAILS</b> |  |       |  |
|------------------------|--|-------|--|
| Pupil's Full Name      |  |       |  |
| School                 |  | Class |  |

| <b>PARENT/GUARDIAN DETAILS</b> |  |       |  |
|--------------------------------|--|-------|--|
| Full Name                      |  |       |  |
| Telephone                      |  | Email |  |
| Home Address                   |  |       |  |

| <b>CHILD SHOWING SYMPTOMS OF ASTHMA/HAVING ASTHMA ATTACK (please tick as appropriate)</b> |  |     |    |
|---|--|-----|----|
| 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 |
| 4.  | In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I <b>do not give consent</b> for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies. | YES | NO |

| <b>AGREED AND SIGNED</b> |  |      |  |
|--------------------------|--|------|--|
| Signed                   |  | Date |  |
| Print Name               |  |      |  |