

CONSENT FORM USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack:

- I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler.
- My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
- 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:

Year Group:

Parent's address and contact details:

Name :

Signature:

Telephone:

E-mail.....

Date:

N.B There is no obligation to complete this form. In it's absence the Academy will assume that Parents/Carers do not wish their child to be given this emergency medication by the Academy for any purpose at any time, and will act accordingly.
Consent can be withdrawn at any time by contacting the main reception on 01634 852341. Information provided on this form will be subject to the Academies privacy notice available via the BA website www.bromptonacademy.org.uk