



Fairisle Junior School

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CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

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.
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will keep in school.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: Date:

Child's name: Class:

Parent's address and contact details:

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Telephone:

E-mail:

