

Consent Form: Use of Emergency Salbutamol Inhaler and / or Self Medication

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Name of child:	Class:	Date:
Please tick as appropriate:		
I can confirm that my child has been diagnosed with asthma and has been prescribed a Salbutamol inhaler.		
My child has a working in-date Salbutamol inhaler, clearly labelled with their name, which has been handed in to the school office and is stored in the medical cupboard		
My child has a working in-date Salbutamol inhaler, clearly labelled with their name, which they keep on themselves during the school day for self-medication if the need arises		
In the event of my child displays symptoms of asthma and if their inhaler is not available or is unusable, I consent for my child to receive Salbutamol from the emergency inhaler held by the school for such emergencies		
Signed by parent or carer:	Print name:	
Signed by staff member:	Print name and position:	