



**CONSENT FORM
USE OF EMERGENCY SALBUTAMOL INHALER
The Judd School**

Child showing symptoms of asthma / having asthma attack

I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

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.

Signed: Date:

Name (print).....

Child's name:

Class:

Parent's address and contact details:

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.....

Telephone:

E-mail:

Office Use Only: SIMS _____ FILE _____ WALLETT _____ PE _____ TIRP _____