



Consent Form For Use Of Emergency Salbutamol Inhaler.
Lingham Primary School

Child showing symptoms of asthma/having an asthma attack:

1. I can confirm that my child has been diagnosed with asthma/ has been prescribed an inhaler (delete as appropriate)
2. In the event of my child displaying symptoms of asthma, and if there 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: _____

Name (print): _____

Child's name: _____

Class: _____

Parents Address and Contact Information:

Telephone: _____

E-mail: _____