



CONSENT FORM:

USE OF EMERGENCY SALBUTAMOL INHALER

ROBERT MAY'S SCHOOL

Child showing symptoms of asthma / having asthma attack

Child's name:

Class:

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

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

3. 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.

4. I confirm that the above information is correct. I understand that the details on this form will be used by the school and that it is my responsibility to inform Robert May's School of any changes. I am happy for the school to contact me to discuss any of the above.

Signed:

Name (print):

Relationship to student:

Date:

Please return the form to Mrs Tracy Brown via the school office or email to tracy.brown@rmays.com

Source: Dept of Health guidance on use of salbutamol inhalers March 2015 with amendments