



# The Whartons Primary School

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## USE OF EMERGENCY SALBUTAMOL INHALER

### CONSENT FORM

#### **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. (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/leave at school . (delete as appropriate)
3. In the event of my child displaying symptoms of asthma, and 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:.....

Name (print): .....

Child's name: .....

Class: .....

Parent's address and contact details:

.....  
.....  
.....

Telephone: .....

E-Mail: .....



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