**Oak-Tree Schools**

Consent Form

Use of Emergency Salbutamol Inhaler

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| **CHILD’S DETAILS** | | | |
| Pupil’s Full Name |  | | |
| School |  | Class |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PARENT/GUARDIAN DETAILS** | | | |
| Full Name |  | | |
| Telephone |  | Email |  |
| Home Address |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **CHILD SHOWING SYMPTOMS OF ASTHMA/HAVING ASTHMA ATTACK (please tick as appropriate)** | | | |
| 1. | I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler. | **YES** | **NO** |
|  |  |
| 2. | My child has a working, in-date inhaler, clearly labelled with their name, which is being held by the school. | **YES** | **NO** |
|  |  |
| 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. | **YES** | **NO** |
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| --- | --- | --- | --- |
| **AGREED AND SIGNED** | | | |
| Signed |  | Date |  |
| Print Name |  | | |