**CONSENT FORM**

**Use of emergency salbutamol inhaler** **for a child showing symptoms of asthma/having an asthma attack**

1. I can confirm that **my child has been: (please indicate below)**:

|  |  |
| --- | --- |
|  | Please tick |
| Diagnosed with asthma (please also complete Asthma Plan form from the school website)  |  |
| Prescribed an inhaler for another reason (please state below) |  |

|  |  |
| --- | --- |
|  | Please write/type below |
| Reason for prescription of inhaler |  |
| Dose (how many puffs and how often/when to be given) |  |

1. My child has a **working, in-date inhaler provided in school**, **clearly labelled with their name**
2. In the event of my child displaying symptoms of asthma and their inhaler being unavailable or unusable, **I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies**
3. I am aware that, in accordance with the guidance recommended by the Department of Health, ‘Guidance on the use of emergency salbutamol inhalers in school’ (Department of Health, March 2015) and guidance the school has received from the Public Health Nursing Team, **if I do not consent for my child to receive the emergency inhaler staff will call 999 for instruction in the event of my child showing symptoms of asthma/having an asthma attack and their own inhaler being unavailable or unusable**

|  |  |
| --- | --- |
| Signed (or type name to act as electronic signature) |  |
| Date |  |
| Child’s name |  |
| Class |  |
| Relationship to child |  |