

# Form 3: Consent form for the use of an emergency salbutamol inhaler

## Student showing symptoms of asthma / having asthma attack

1. I can confirm that my son/daughter has been diagnosed with asthma / has been prescribed an inhaler (delete as appropriate).
2. My son/daughter has a working, in-date inhaler, clearly labelled with his/her name, which he/she will bring with him/her to school every day.
3. In the event of my son/daughter displaying symptoms of asthma, and if his/her inhaler is not available or is unusable, I consent for his/her to receive salbutamol from an emergency inhaler held by the school for such emergencies.
4. I give my consent for my son/daughter's photograph to be kept on the register to allow a visual check to be made.

Signed: .....Date: .....

Name (print): .....

Student's name: .....Tutor group: .....

Parent/Carer's address and contact details:

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

Telephone: .....

E-mail: .....