



ASKERN MOSS ROAD

Emergency Inhaler Consent

Child showing symptoms of asthma / having asthma attack

Child's name	
Class	
Parent / Carer's address	
Telephone number(s)	
Email address	

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.

Signed:


Date:

Name (please print):





ASKERN MOSS ROAD


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