

USE OF EMERGENCY SALBUTAMOL

Name of school	Templenewsam Halton Primary School
Child's name	
Class	

Child showing symptoms / 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.

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.

Parent/Guardian Signature:

Date:

Print Name:

Parent/Guardian Details:

Address:

Postcode:

Telephone:

Email:

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