

CONSENT FORM 2026-2027 Use of Emergency Salbutamol Inhalers Pupil showing symptoms of asthma
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I, (Name of Parent or Guardian)	
Of (permanent address)	
Child's name and date of birth	
• I can confirm that my child has been diagnosed with asthma and has a prescribed a salbutamol inhaler. • My child has a working in date inhaler clearly labelled and has been advised to keep it with them at all times. • In the event of my child displaying symptoms of asthma and if their inhaler is not available or is unusable I consent to my child receiving an emergency inhaler held by the school for such emergencies.	
Signature of Parent or Guardian:	
Date:	

Or, if NOT WISHING TO CONSENT

I do NOT give my consent to the above	Please tick BOX ☐
Signed	
Date:	
PRINT NAME:	

We will ask you to update this form each school year.