



## PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER EMERGENCY SALBUTAMOL INHALER

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Class \_\_\_\_\_ Date of Birth \_\_\_\_\_

The school stores an emergency salbutamol inhaler which can be used if a child is showing symptoms of asthma / having asthma attack and the child's own prescribed inhaler is unavailable.

1. I can confirm that my child has been diagnosed with asthma or wheeze and has been prescribed an inhaler.
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will have in 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.

This form must only be signed by someone with parental responsibility for the child.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Parents address and contact details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency telephone: \_\_\_\_\_