



STANLEY PARK JUNIOR SCHOOL

ONLY FILL IN THIS FORM IF YOUR CHILD HAS BEEN DIAGNOSED WITH ASTHMA

PARENTAL CONSENT FORM USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma/ having asthma attack

1. I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler.
2. My child has a working, in-date inhaler, clearly labelled with their name, which is kept in school. (It is parents' responsibility to ensure that they regularly check that the inhaler is in date.)
3. In the event of my child displaying symptoms of an asthma attack, 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.

Childs Name: _____ Class: _____

Signed: _____ Date: _____

Relationship to Child: _____ Telephone: _____