



## 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: \_\_\_\_\_



## ASTHMA HEALTH CARE PLAN

Child's Name	
Class	
Date of Birth	
Salbutamol Dosage and Method	
Is a Spacer Required?	
When should they use their inhaler?	
Is your child able to self-administer it?	
Procedure to take in case of an emergency	

Remember it is your responsibility to tell Stanley Park Juniors about any changes to your child's asthma care plan and to ensure your child's asthma medication has not expired.

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