

Ranvilles Junior School

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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 / 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 for such emergencies.

| Signed: |
|---------------------------------------|
| Date: |
| Name (print): |
| Child's name: |
| Class: |
| Parent's address and contact details: |
| |
| |
| Telephone: |
| E-mail: |
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