

**Appendix VI**

**CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER**

**Charlton Kings Infants' School, Charlton Kings, Cheltenham GL53 8AY**

**Child showing symptoms of asthma / having asthma attack**

1. I can confirm that my child has been diagnosed with asthma/has been prescribed inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they have in school that is kept in the designated area in the classroom.
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:

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Telephone:

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E-mail:

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