Woodbridge Primary School
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Headteacher: Miss L Crossley

CONSENT FORM:
USE OF SALBUTAMOL INHALER

I can confirm that my child has been diagnosed with asthma, has been prescribed an inhaler and I have completed a "My Asthma Plan" form.

My child has a working, in-date inhaler and spacer clearly labelled with their name, which will be kept in school. Please do not let children keep inhalers in their bags they need to be handed to the office or class teacher.

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: ……

Parent's/Carer's Name (please print): ……

Child's name: ……

Class: ……

Parent's/Carer's address and contact details:

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Telephone: ……

Email……