



**CONSENT FORM:  
USE OF EMERGENCY SALBUTAMOL INHALER  
ST PETER'S CATHOLIC SCHOOL**

Child showing symptoms of Asthma/having Asthma attack.

- I can confirm that my child has been diagnosed with Asthma **by a doctor** and has been prescribed an inhaler.
- My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
- 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 received Salbutamol from an emergency inhaler held by the school for such emergencies.

Signed \_\_\_\_\_ Parent/Carer Date \_\_\_\_\_

Print name \_\_\_\_\_

Child's name \_\_\_\_\_ Tutor Group \_\_\_\_\_

Date of birth \_\_\_\_\_

Parent/Carer's address and contact details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

***Please only complete this form if your child has been diagnosed with asthma by a doctor.***