



Consent to use school spare Ventolin inhaler 100mcg/dose

(Please complete and return to the Medical Officer)

Student Name: _____ Form: _____

Date of Birth: _____

1. I can confirm that my child **has been diagnosed with asthma/has been prescribed an inhaler.**
2. My child has x2 working, in-date inhaler's, clearly labelled with their name on, which they will bring with them to school every day. (One to use and one spare as back up)
3. In the event of my child displaying symptoms of Asthma, and if their inhaler (and spare) is not available or are unusable, I consent for my child to receive Salbutamol from an emergency inhaler held by the school.

Name of Parent/Carer	
Relationship to child	
Contact number of Parent/Carer	
Parent/Carer signature	

Any further details:

In the rare case of an emergency, please complete the consent form which allows the use of a School Spare Ventolin inhaler.