Aughton Town Green Primary School

"Only my best is good enough for me"

Town Green Lane, Aughton, Ormskirk, Lancs. L39 6SF

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 and has been prescribed an inhaler

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.

Child's name: ……..Class…….

Signed: …… parent Date: ……

Parents Name ……Please Print

Parent's address and contact details:

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Telephone: ……

E-mail: ……