



St Joseph's Catholic Primary Voluntary Academy

USE OF EMERGENCY SALBUTAMOL INHALER

Child's name:

- 1) I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler
- 2) My child has a working, in-date inhaler, clearly labelled with their name, which they will leave in school.
- 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.

Name (print).....

Signed.....

Date:

Parent/carer's address and contact details:

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Telephone:

I will be informed if an emergency salbutamol inhaler has had to be used.