



**Child showing symptoms of **asthma / having asthma attack**  
And the use of a **Salbutamol Inhaler.****

**THIS FORM MUST BE COMPLETED BY PARENT/GUARDIAN**

Child's name	
Child's date of birth	

- 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 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.**

**Authorisation:**

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

**For office use:**  
**Agreed review date :**