



London Borough of Havering
ENGAYNE PRIMARY SCHOOL

Mrs S Sankey: Headteacher
01708 223492

**CONSENT FORM:
USE OF EMERGENCY SALBUTAMOL INHALER
ENGAYNE PRIMARY SCHOOL**

Child showing symptoms of asthma / having asthma attack

- 1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
- 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.

Signed: Date:

Name (print).....

Child's name:

Class:

Parent's address and contact details:

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Telephone:

E-mail: