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Asthma Inhaler Consent Form

FOR USE OF THE EMERGENCY INHALER KIT / ASTHMA INHALER DURING THE PIX BROOK ACADEMY DAY for student's showing symptoms of asthma / having an asthma attack.

Student's Name:

Student's Form: Student's Year Group:

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 Pix Brook Academy and carry with them every day and can self-administer this as and when required.
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 Academy for such emergencies.

Any Asthma related information the Medical Team need to be aware of:

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I confirm that all details are correct to the best of my knowledge.

Parent Signature:

Parent Name: (please print name)

Date:

Parent daytime telephone number in case of emergency: