



## Appendix B

### Consent form: use of emergency salbutamol inhaler

Child showing symptoms of asthma/having an asthma attack:

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler (delete as appropriate)
2. 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: \_\_\_\_\_

Name (print): \_\_\_\_\_

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_

Parents Address and Contact Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_