



CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

Young person showing symptoms of asthma / having an asthma attack

1. I can confirm that my son has been diagnosed with asthma and has been prescribed a reliever inhaler.
2. My son 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 son to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: Date:

Name(print):

Son's name:

Year/Tutor:

Please return to healthcentre@abingdon.org.uk

Or
Whitefield
Health Centre
18, Park Crescent,
Abingdon
OX14 1DD