

INHALER CONSENT FORM

Only complete this form if your child has been diagnosed with asthma and/or has been prescribed a reliever inhaler (e.g. blue inhaler)

1. In the event of my child displaying symptoms of asthma, I consent for my child to receive their own reliever inhaler.
2. If it is necessary for my child to use their inhaler prior to PE or related activities, I consent for my child to receive their own reliever inhaler.
3. If my child has asthma symptoms and their own inhaler is not available or is unusable, **I consent for my child to receive SALBUTAMOL from an emergency inhaler that is available in school.**

Child's Name		Child's Date of Birth	
Type of Inhaler (e.g. Blue Salbutamol)		Number of Puffs	
Parent Emergency Contact Number			

Parent Signature		Date	
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If your child has an asthma attack, the school's emergency procedure will be followed unless you have specified otherwise in their Care Plan.

Please ensure that your child has 2 reliever inhalers, and spacers if needed, kept in school and that your child's inhalers are within their expiry date.

One inhaler will be kept in the School Office, and the other by their Class Teacher in the class room.

We recommend that children in Junior 3 and above have responsibility for their own inhalers.

Please note:

If your child experiences breathing problems, especially at night or after exercise, or when laughing or crying, or he/she suffers from repeated chest infections, please contact your GP.