**HILLTOP PRIMARY ACADEMY**

**Parental Consent Form**

**Use of Emergency Salbutamol Inhaler**

***Please tick below as appropriate:***

* I can confirm that my child has been diagnosed with asthma.
* I can confirm that my child has been prescribed an inhaler.
* My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
* I would like the school to hold / currently holds my child’s prescribed inhaler.
* 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.

|  |  |
| --- | --- |
| **Child’s Name:** | **Class:** |
| **Name of inhaler prescribed:** |
| **Dose and when to be given:** |
| **Parent / Carer’s signature:** | **Date:** |
| **Parent / Carer’s name:** |
| **Parent / Carer’s address:** |
|  |
|  |
| **Emergency contact phone number:** |
| **Email address:**  |