

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:	



HILLTOP
PRIMARY SCHOOL

Parent / Carer's address:
Emergency contact phone number:
Email address:

A **Beyond** ACADEMY
SCHOOLS TRUST

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