



## Consent for the use of an Inhaler / for a child to carry their own Inhaler.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|
| <p>I can confirm that my child has been diagnosed with asthma / has been prescribed an Inhaler.</p> <p>My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day. I will also supply the school with a spare inhaler to be kept in the classroom.</p> <p>I will inform the school of any changes to my Childs medication, triggers and any individual symptoms.</p> <p>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.</p> |                  |           |
| Signed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  | Date:     |
| Name (print):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |           |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Contact details: |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Home:            |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Work:            |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Mobile:          |           |
| Childs Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  | Class:    |
| Tiggers & Symptoms:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |           |
| <p>Does your child require a spacer: Yes/No</p> <p>If YES, please ensure you provide school with a clearly named spacer.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |           |
| <p>My child has an NHS Asthma plan in place: Yes/No</p> <p>If YES please provide school with a copy of the plan.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |           |
| G.P Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  | Phone No: |
| <p><u>I have also completed a medication permission form confirming dosage and method of inhaler.</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |           |

### **Please Note**

- It is your responsibility to inform the school of any changes to your child's asthma condition or asthma medication.
- It is your responsibility to ensure that your child has their inhaler and any other required medication with them at school, and that all medication is clearly labelled with their name.
- It is your responsibility to keep your child's class teacher informed of any relevant changes to their asthma management or medical needs.