

INHALER CONSENT FORM

Name of Pupil	
Date of Birth	Form
Medication and strength	
Expiry date of medication	
Any precautions or side effects	

Please tick each appropriate box to indicate agreement/consent:

You must tick either box 2 or 3, or both

1 I can confirm that my child has been diagnosed with asthma and/or has been prescribed a reliever inhaler.

2 I wish the school to hold an inhaler for my child to administer in accordance with their care plan and the school's Managing Illness & Medicines policy. I understand that I must deliver the inhaler to the main office/reception for the first aiders

3 I hereby give my consent for my child to carry a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day. I confirm that my child will also carry this inhaler on any trips/visits taken off the school premises

4 I understand I am responsible for ensuring that all inhalers are replaced prior to their expiry date(s)

5 In the event of my child displaying symptoms of an asthma attack, if their reliever inhaler is not available, has expired or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies

6 I understand that the inhaler held by the school is a 100mcg Salbutamol inhaler, suitable only for reliever purposes

7 I attach a copy of my child's Asthma Action Plan / Care Plan I will inform the school immediately, in writing, if there is any change to my child's diagnosis or treatment

Signed
Name
Parent/Carer (please delete as appropriate)
Contact details in an emergency
Date