



Dream, Believe, Persevere, Achieve

FORM 7 ASTHMA INHALER CONSENT FORM

This form must be filled in by a parent/carer only if your child suffers from asthma.

Please note: a separate form should be completed for each inhaler needed.

Name: Tutor Group:

Name of inhaler:

Procedures to be taken in an emergency:

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Parent/Carer Contact information

Name:

Daytime telephone no:

Relationship to the child:

My son/daughter will need to keep their asthma inhaler in the First Aid Room at school.

I give permission for my son/daughter to use their inhaler as required from the First Aid Room under supervision by a First Aider.

In the event that my son/daughter has forgotten his/her inhaler, I give my permission for the School Asthma Emergency Kit to be used.

Parent/Carer Signature:

Date: