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**CONSENT FORM:**

**USE OF EMERGENCY SALBUTAMOL INHALER**

Birchfield Nursery School

**Child showing symptoms of asthma / having asthma attack**

* + 1. I can confirm that my child has been diagnosed with asthma / has been prescribed an asthma reliever [delete as appropriate].
    2. My child has a working, in-date asthma reliever, clearly labelled with their name, which they will bring with them to school every day.
    3. In the event of my child displaying symptoms of asthma, and if their asthma reliever 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.

Dosage:…………………..……………………………………………………………………………………………

Child’s name.……….………………………………………………………………………………………………………….

Class:…………………………………………………………………………………………………………………

Parent’s address and contact details:

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Telephone: ……………………………………………………

E-mail: …………………………………………………………

Signed: ………………………………………………

Date: …………………………………………………

Name (print)…………………………………………