



St Antony's  
Roman Catholic School

ASPIRE + BELIEVE + ACHIEVE

USE OF EMERGENCY SALBUTAMOL INHALER

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler
2. My child has a working, in-date inhaler, 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 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.

Signed: Date: .....

Name (print).....

Child's name: .....

Class: .....

Parent's address and contact details:

.....  
.....

Telephone: .....

I will be informed if an emergency salbutamol inhaler has had to be used.

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Aspire | Believe | Achieve