

Form 11b: Asthma consent form including use of school's emergency salbutamol inhaler for pupils in primary 4 and up (unless they are unable to self administer their inhaler)

To be completed by the parent/carer

Pupil's name	Date of birth
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1. I can confirm that my child has been diagnosed with asthma or viral wheeze and 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. I take responsibility to supply the school with another in-date reliever inhaler in the container in which it was dispensed, clearly labelled with the contents, dosage, and child's name in full and a spacer. I will collect the inhaler from the school at the end of the summer term. I accept that the school will destroy any inhalers that remain uncollected.
4. In the event of my child displaying symptoms of asthma, and if their personal inhalers are not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Parent/carer's name (please print)	
Address	<input type="checkbox"/> Home
	<input type="checkbox"/> Work
	<input type="checkbox"/> Mobile
@	
Name of G.P.	
Address of G.P.	<input type="checkbox"/> G.P.
Signature of Parent/Carer	Date

Note: The school will not accept inhalers unless this form is completed and signed by the parent/carer of the pupil and the head teacher agrees the administration of the medication. The head teacher reserves the right to withdraw this service.