



Ysgol Robert Owen
Consent for Use of Own or Emergency Salbutamol Inhaler

I can confirm that my child has been diagnosed with *asthma / has been prescribed an inhaler* [delete as appropriate].

My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

I will provide the school with a spare inhaler to keep in case of loss or damage to his/her personal inhaler. This will be working, in-date and clearly labelled with their name and expiry date.

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.

Child's name: _____

Signed: _____ Date: _____

Name (print) _____