



OXFORDSHIRE COUNTY COUNCIL
SARAH NISBETT, HEADTEACHER
DUCKLINGTON CE PRIMARY SCHOOL, ASTON ROAD, DUCKLINGTON, WITNEY, OXON. OX29 7US
Telephone: 01993 703651
Facsimile: 01993 709212
E-mail: office.3122@ducklington.oxon.sch.uk

**CONSENT FORM:
USE OF EMERGENCY SALBUTAMOL INHALER**

Child showing symptoms of asthma/having asthma attack

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler [delete as appropriate].
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: _____
E-mail: _____

