



## Asthma Inhaler Consent Form

If your child has been diagnosed with asthma and has been prescribed reliever therapy (a blue inhaler), please complete the first part of this form which gives your consent for school staff to give treatment if required.

I..... give my consent for school staff to give my child reliever therapy for the treatment of an asthma attack / prior to PE\* if required. *\*delete as appropriate*

I understand that I will be informed when treatment has been given for the treatment of an asthma attack.

Name of child: .....

Date of birth: .....

School: Hever CEP School

Name of Inhaler: .....

Number of Puffs required: .....

Expiry date of Inhaler: .....

Signed: Parent/Guardian: ..... Date: .....

If your child has an asthma attack the school's emergency procedure will be followed.

A copy of your child's school asthma care plan will be sent to you.

Please ensure that your child has a SPARE reliever inhaler (and spacer if required) kept in their classroom at school and that your child's inhaler is within its expiry date.