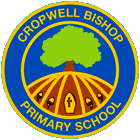
**Head Teacher: Miss Louisa Hussey**

Cropwell Bishop Primary School

Stockwell Lane

Cropwell Bishop

Nottingham

NG12 3BX

Tel.: 0115 989 2250

office@cropwellbishop.notts.sch.uk

**CONSENT FORM: Use of Emergency Asthma Inhaler in School**

You may be aware of the recent changes from the Department of Health regarding use of an emergency asthma inhaler in school. This would be available to your child in the event of their own inhaler not being available. The Head Teacher, Office staff and/or a member of the Senior Leadership Team would be responsible for overseeing the use of the emergency inhaler which will be stored in the First Aid box in the school office.

We require written parental consent from to allow the emergency salbutamol inhaler to be administered. **Please note this should not be relied on as a replacement for your child’s current inhaler.**

It is parents’ responsibility to ensure that school have an in-date inhaler for your child, labelled clearly with their name, class and dosage. It is also parents’ responsibility to check the inhaler on a regular basis to make sure it is not out-of-date and that it has not run out. If your child carries their own inhaler, a spare one is also needed to be kept in class. It is important that school is notified immediately of any changes to your child’s current asthma medication.

In the event of your child being given the emergency salbutamol inhaler, you will be informed by a letter home detailing why the inhaler was given.

**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. Yes / No
2. My child has a working, in-date inhaler, clearly labelled with their name, which is kept in school. Yes / No
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. Yes / No

Signed: ………………………………………………………. Date: …………………………………………

Name (print): ………………………………………………. Contact No: ….…………………………….

Child’s name: ………………………………………………. Class: …………………………………………