



Beam County Primary School
Oval Road North, Dagenham, Essex, RM10 9ED.

Consent Form

Use of Emergency Salbutamol Inhaler

1. I can confirm that my child has been diagnosed with asthma and / or has been prescribed an inhaler (delete as appropriate).

2. My child has a working, in-date inhaler, clearly labelled with their name, which is kept

Nursery - Nursery Kitchen

Reception, KS1, KS2 – Main school office/and or Waist bag

Please delete as appropriate

Other comment _____

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.

Note: The child will use a spacer on the inhaler, the spacer will then be sent home with the child. The inhaler will be cleaned after use.

4. I confirm I will advise the school if details of my child's condition change.

Signed: Date:.....

Name of Parent:.....

Name of child:

Telephone Number:.....

Second emergency contact:

Telephone Number: Relationship to child:.....

This information will be stored on the central asthma register

Email: office@beam.bardaglea.org.uk, Telephone: 020 8270 4700
Beamcountyprimaryschool.org

Headteacher: Miss T A Whittington, NPQH, BA (Hons), PGCE
Chair of Governors: Miss S Ekmekci

