



The Federation of St Mary's Catholic Schools



**"As the Family of Jesus, we learn and love
together"**

CONSENT FORM USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma/having asthma attack

- I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler (please delete as appropriate).
- My child has a working, in-date inhaler, clearly labelled with their name, which has been signed into school with a medication form, to be kept on the school premises, or brought into school daily.
- 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 _____

Print Name _____

Child's Name _____

Class _____

Parent's Address and Contact Details

Telephone Number _____

Executive Headteacher, Mrs Rebecca Dean. B.Ed (Hons) Dip. HE. NPQH
Deputy Headteacher, Mrs Lisa Cunliffe, NPQH

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