



William Shrewsbury Primary School

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Headteacher: Bernadette Hunter



Deputy Headteacher: Elaine Curtis

Consent Form Emergency use of Salbutamol Inhaler

Child showing symptoms of asthma/having asthma attack

1. I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler.
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will keep in school or carry with them at all times.
3. In the event of my child displaying symptoms of asthma, and 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.

Child's name

Class Teacher & Year.....

Parent Name (print).....

Signed.....Date