



# LYTHAM CHURCH of ENGLAND PRIMARY SCHOOL

Park View Road, LYTHAM, Lancashire, FY8 4HA. Telephone: (01253) 736900

Headteacher: Mrs H Willott

September 2020

## CONSENT FORM 1: USE OF THE EMERGENCY SALBUTAMOL INHALER

I can confirm that my child has been **diagnosed with asthma** by the doctor and has therefore been prescribed an inhaler.

I have provided school with a working, in-date inhaler, clearly labelled with the prescription details and their name. This will be kept in the classroom at all times. Should your child use a spacer, please also provide one for school.

However, in the event of my child displaying symptoms of asthma, if their inhaler is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed .....

Date .....

Name (print) .....

Child's name .....

Class .....

Parent's address and contact details

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Mobile no .....

