

LYTHAM CHURCH of ENGLAND PRIMARY SCHOOL

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

Headteacher: Mrs H Willott

September 2020

CONSENT FORM 2: USE OF THE EMERGENCY SALBUTAMOL INHALER

I can confirm that my child has 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 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
Mobile no



Practice Award













