



**LATHOM
HIGH SCHOOL**



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Headteacher: Mrs J M Galbraith



CONSENT FORM FOR USE OF EMERGENCY SALBUTAMOL INHALER

I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler.

My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I give consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Student Name:

Tutor Group:

Signed:(Parent/Carer)

Date:

It is your responsibility to keep your child's medical and personal information up to date. If any of your child's medical information changes then please inform the school so we can update your child's records.

Emergency Contact Details

Name:

Address:

.....

Mobile: **Home:** **Work:**

Signed: (Parent/Carer) **Date:**

Relationship to Student: