



**Asthma Policy**  
**Use of Emergency Salbutamol Inhaler**

Our school keeps a record of pupils with asthma in order to ensure the best possible care for your child. In order for us to maintain effective records on our asthmatic pupils, please enter information as requested below:

Childs name: .....

Date of birth: .....

Class: .....

Type of inhaler: .....

Dosage required: .....  
 (how many puffs)

**Child showing symptoms of asthma / having asthma attack**

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler. [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. 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.

I hereby allow the school to administer emergency treatment as indicated above:

Signature of parent: .....

Relationship to child: .....

Date: .....