



## ABBEY PARK SCHOOL

### Consent Form

#### Use of Emergency Salbutamol Inhaler for a

#### Child showing symptoms of Asthma/having asthma attack

1. I can confirm that my child has been diagnosed with Asthma and/or has been prescribed an inhaler
2. My child has a working, in-date inhaler, clearly labelled with their name, which they 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.

Childs Name: ..... Year.....

Parents address and contact details:

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.....

Telephone Number: .....

Signed:..... Date: .....

Print name:.....

Please complete and return to Mrs Manterfield via email [admin@abbeyparkschool.org.uk](mailto:admin@abbeyparkschool.org.uk)



Executive Principal:  
Operational Principal:  
Vice Principal:

Mr C Zimmerman  
Mr J Young  
Miss L Paterson

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