



## Emergency Salbutamol Inhaler Permission Form

This form must be completed by a parent or guardian.

I give my permission for

\_\_\_\_\_ Form \_\_\_\_\_

Date of Birth \_\_\_\_\_

to use the Knights Templar School Emergency Salbutamol Inhaler in the event of my child displaying symptoms of asthma when their own inhaler is unavailable to them.

I also wish for my child to be included in a list of names of permitted users of the Emergency inhaler.

I confirm that my son/daughter has been prescribed a Salbutamol inhaler.

Parent or Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Phone Number : \_\_\_\_\_

E-mail: \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_