

**Consent form for the use of Wixams Academy’s emergency inhaler**

The school will not administer medicine to your child unless you complete and sign this document, and the school has a policy for supporting students with medical conditions.

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| --- | --- |
| **Date for review to be initiated by** | **(School office)** |
| **Name of school** | **Wixams Academy** |
| **Name of Child** |  |
| **Date of birth** |  |
| **Class** |  |
| **Medical condition or illness** | **Asthma** |

I confirm that my child has been diagnosed with asthma which could cause difficulty breathing and has been prescribed an inhaler.

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

In the event of my child displaying symptoms of difficulty breathing, and if their inhaler is not available or is unusable, I consent for my child to receive the Salbutamol Inhaler held by Wixams Academy for such emergencies.

**Contact Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Emergency contact telephone number** |  |
| **Relationship to child** |  |

*Signature:­­­­­­­­ ………………………………………………………………………………………………. Date: …………………………*