Baddow Hall Infant School New Road, Great Baddow Chelmsford, Essex CM2 7QZ



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Headteacher: Mrs Lesley Schlanker BSc (Hons) QTS NPQH Deputy Headteacher: Miss Emily Howard BSc (Hons) QTS

CONSENT FORM USE OF EMERGENCY SALBUTAMOL INHALER

Child's Name (print)
1. I can confirm that the above named child has been prescribed an inhaler.
 I can confirm that the above named child has a working in-date inhaler. The inhaler is kept in school in its original clearly labelled packaging.
 I can con ,firm that in the event of the above named child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive a previously advised dose of Salbutamol from an emergency inhaler held by the school for such emergencies.
Parent/Carer details
Name (print)
Address
Telephone Email
Signed Date