

TIBSHELF COMMUNITY SCHOOL



Headteacher: Mike Pollard MA, PhD
Deputy Headteacher: Pete Kenworthy BA

www.tibshelf.derbyshire.sch.uk
✉ enquiries@tibshelf.derbyshire.sch.uk
🐦 @tibshelschool

Doe Hill Lane
Tibshelf
Alfreton
DE55 5LZ
☎ 01773 872391
☎ 01773 873900

CONSENT FORM FOR STUDENTS DIAGNOSED WITH ASTHMA

2018-2019

Use of Emergency Salbutamol Inhaler

Following changes to the Human Medicines (Amendment) (No. 2) Regulations 2014, we have now got an emergency salbutamol inhaler to use in school. This inhaler can be used should a child be showing symptoms of asthma/having an asthma attack.

If you would like your child to have this option in school, could you please complete and return this Consent Form as soon as possible.

If you would like to discuss the above with us, please contact our Medical Welfare Officer on 01773 872391 ext 110 or email j.marshall@tibshelf.derbyshire.sch.uk.

Student Name: _____

Date of Birth: _____

I confirm that my child has been diagnosed with asthma/has been prescribed an inhaler.

Tick statement(s) which apply:

I have provided the School with an inhaler for my child to use when required.

The above-named carries their own inhaler.

In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for them to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: _____ (Parent/Carer)

Please print name: _____

Date: _____

