

**Christian Brothers Grammar School**

**Consent Form**

**USE OF SCHOOL EMERGENCY RELIEVER INHALER – SALAMOL 100mcg – 1 puff as a starting dose increasing to 2 puffs if necessary**

**For a pupil showing symptoms of an Asthmatic Episode.**

1. I can confirm that my son has been diagnosed with an Asthma and is known to be at risk of an Asthmatic Episode.
2. My son has working, in-date inhalers, clearly labelled with his name, which are required to accompany him at all times during the school day.
3. In the event of my son displaying symptoms of Asthma, and if his reliever inhaler is unavailable or unusable.
4. I consent for my child to receive School Emergency Reliever inhaler as above as directed by manufacturers guidelines, held by the school for such emergencies.

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

Name: \_\_\_\_\_

Pupils Name: \_\_\_\_\_

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

Parents Address:

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Telephone: \_\_\_\_\_

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