

Pendle Community High School & College





www.pchs.lancs.sch.uk

Headteacher: Dr C Lingard (Mrs)
Deputy Headteacher: Miss J Bayliss
Deputy Headteacher: Miss D Grogan

CONSENT FORM

USE OF EMERGENCY SALBUTAMOL INHALER

PENDLE COMMUNITY HIGH SCHOOL AND COLLEGE

Child showing symptoms of asthma / having asthma attack

- 1. I can confirm my child has been diagnosed with asthma / has been prescribed an inhaler (delete as appropriate).
- 2. My child has a working, in-date inhaler, clearly labelled with their name, which they will keep in school.
- 3. In the event of my child displaying symptoms of asthma and if their inhaler is not available or useable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:	Date:	
Name (Print):		
Child's Name:		
Parents address and contact details:		
Telephone & Mobile:		
Email:		











