



Beths Grammar School

an 11 – 18 selective school with academy status

Headteacher: Mr R J Blyghton

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CONSENT FORM FOR USE OR EMERGENCY SALBUTAMOL INHALER

In the event of a student showing symptoms of asthma/ experiencing asthma attack

- I can confirm that my son/daughter has been diagnosed with asthma/has been prescribed a Salbutamol inhaler.
(please delete as appropriate)
- My son/daughter has an **in-date, working** inhaler, clearly labelled with their name which they will carry with them in school every day and have with them on school trips.
- Should my son/daughter display symptoms of asthma AND if their own inhaler is not available or is unusable, I consent for my son/daughter to receive Salbutamol from an emergency inhaler held by Beths Grammar School for such emergencies.

Student Name:

Registration Group:

Parent/Carer Name (Please print):

Parent/Carer Signature:

Date: