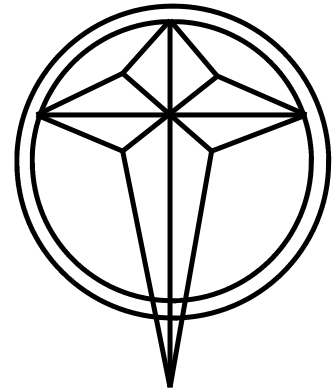


St. Catherine's C of E Primary School
Moorland Road
Launceston
PL15 7HX



**CONSENT FORM FOR CHILD TO USE
SCHOOL ASTHMA EMERGENCY KIT**

To

The Headteacher St. Catherine's C of E Primary School

I have read carefully the school statement regarding the administration of an asthma reliever to my child in emergency circumstances.

Whilst my preference is for my child to receive his/her own medication at all times, I accept that under certain circumstances it may be necessary/advisable for substitute medication to be provided.

I understand an asthma reliever medicine, contained in the Asthma Emergency Kit may be used.

I understand that under these circumstances the school will:

1. Try to contact me.
2. If necessary, call the doctor or emergency services.
3. Notify the school nurse of the incident.

I give my consent to the above actions being taken if considered necessary.
I agree to ensure that my child keeps his/ her asthma medication in school.

Signed.....Date.....

Please print name

Parent of.....
(please print)

Date of birth of pupil