



**ORMISTON SUDBURY ACADEMY  
 CONSENT FORM  
 2024-2025**

**FOR THE USE OF EMERGENCY SALBUTAMOL INHALER for a student showing symptoms of asthma / having asthma attack**

I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to Academy every day and keep on their person.

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

Signed: .....

Date: .....

Name of Child: ..... PLEASE PRINT

Parent/Carer

Address: .....

.....

Telephone: .....

Email: .....