

ORMISTON SUDBURY ACADEMY
CONSENT FORM
2025-2026

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:

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Telephone:

Email: