



**CONSENT FORM:**

**USE OF EMERGENCY SALBUTAMOL INHALER**

Ormiston Rivers Academy

**Students full name:** \_\_\_\_\_

**D.O.B.** \_\_\_\_/\_\_\_\_/\_\_\_\_

I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler.

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

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 school for such emergencies.

**Parent/Carer Signature:** ..... **Date:** .....

**Parent/Carer Name:** .....

Please return this form to Main Reception, marked for the attention of **Mrs L Corbett**, SSA or alternatively email it to [lorbett@ormistonriversacademy.co.uk](mailto:lorbett@ormistonriversacademy.co.uk).