

This form must only be completed by parents/guardian

Form MM5

Consent form: Use of emergency salbutamol inhaler

Name of Academy

The Burgess Hill Academy

Child's name

Year Group/tutor

Address

Contact Information

Name

Daytime phone no.

Relationship to child

Please answer all questions below and delete as appropriate:

1.	I can confirm that my child has been diagnosed with asthma.	YES / NO
2.	I can confirm that my child has been prescribed an inhaler.	YES / NO
3.	My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.	YES / NO
4.	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.	YES / NO

Date: Signature of Parent/Carer: