



Asthma Register Letter.

Child's Name:

Dear Parents/Carers,

You have informed us that your child has the medical condition of Asthma, wheezy episodes or suspected Asthma and that the doctor has given your child a blue inhaler. Due to this information your child has been added to our School Asthma Register. At Worthington Primary School we want all children in our care to feel safe and know that they will be provided with first aid and if needed seek help from other medical agencies.

To help us with this your child **needs an inhaler in school at all times and one that is in date.** We will be checking at regular intervals to make sure that your child has his or her medication on site, so we can give your child the appropriate care. You can request an extra inhaler from your doctor stating it is for school use only and please make sure it is named clearly and with a spacer.

In 2014 the law changed regarding Asthma inhalers in school and schools can have a small quantity of **emergency inhalers for emergency use only** which school has to pay over £6 per an inhaler. The law states that they can only be used with children whose parents/carers have filled in the correct paperwork and have already made the school known of their child's condition of why they have a blue inhaler in school.

These inhalers will be used for your child in **emergency situations, e.g. out of date inhalers or if your child's inhaler has been mislaid.** By this law coming into effect as a school we can still provide your child with the appropriate care in an emergency and hopefully stop your child's condition escalating.

Please fill in the reverse of the form and return in an envelope addressed to Miss Brocklehurst as soon as possible to add your child to the emergency inhaler register. If you do not fill in this paperwork we will be unable to use these emergency inhalers with your child.

Thank you once again for your co-operation on this matter,

Miss Brocklehurst and Mr Searle.



"We Only Reach for The Highest"

PARENTAL CONSENT FORM.

FOR USE OF EMERGENCY SALBUTAMOL INHALER AT SCHOOL

Child showing symptoms of asthma/having asthma attack

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate)
2. My child has a working in-date inhaler, clearly labelled with their name, which will stay in school.
3. 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 inhaler held by the school for such emergencies.

Parent/Carer Signature: _____

Date: _____

Print full name: _____ (Parent/Carer).

Name of child:	
Academic Year and class the child is in:	

Parent/Carer Contact details:

Parent/Carer address:	
Telephone number:	
Email:	

The parent/carer has responsibility to make sure these records will be updated annually and any changes during the year must be reported to school straight away.