

# St Philip's Church of England Primary

We love to learn. We learn to love. We love and learn together

Leeds Road,  
Nelson  
Lancashire  
BB9 9TQ

TEL NO: 01282 614463

Email: [head@st-philips.lancs.sch.uk](mailto:head@st-philips.lancs.sch.uk)

Website: [www.st-philips.lancs.sch.uk](http://www.st-philips.lancs.sch.uk)



28<sup>th</sup> April 2015

Dear Parent

The Department of Health has issued new guidelines which allows schools to purchase a salbutamol inhaler without a prescription, for use in **emergencies** when a child with asthma cannot access their own inhaler (for example, because the child's inhaler is broken, or empty).

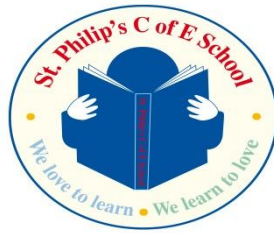
The schools requires written parental consent for the use of the emergency inhaler to be given to pupils who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. **Please complete the attached and return it to school as soon as possible.**

**Please ensure that your child continues to keep their own inhaler in school, the school inhaler is only to be used in emergency situations.**

Yours faithfully

Mrs K Ellidge  
Headteacher





CONSENT FORM  
ST PHILIP'S C E PRIMARY SCHOOL  
USE OF EMERGENCY SALBUTAMOL INHALER

**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 they will bring with them to school every day.
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 emergency inhaler held by the school for such emergencies.

Child's Name: ..... Class: .....

Parent's Name (print) ..... Date: .....

Parent's address and contact details:

.....  
.....

Telephone: .....

