School Headed Paper

 (School details here)

 Date: \_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent/Guardian,

Our school is part of the Bath and North-East Somerset, Swindon & Wiltshire Asthma Friendly Schools initiative and we aim to ensure all our pupils with asthma receive the best care possible. To do this, we require up to date information about their personalised asthma action plan so that we can safely manage exacerbations in school. These plans should be completed/updated annually by your asthma nurse/GP/paediatrician. We therefore request you complete this form and return it with your child’s personalised asthma action plan and the inhalers and spacer that they might require for an exacerbation. If any information changes, please update us at the earliest opportunity.

If for some reason we do not have access to your child’s reliever inhaler, as part of our school asthma policy, we will also have access to emergency salbutamol inhalers with spacers on the school site. If you **do not** want your child to receive this in an emergency, then please complete the opt out section in bold below.

Should your child require either their own reliever inhalers whilst at school or the emergency reliever inhalers, you will be informed via a letter home.

Please confirm the following by circling Yes or No:

* I confirm my child has been diagnosed with asthma. Yes/No
* I enclose my child’s personalised asthma action plan. Yes/No
* I enclose my child’s reliever inhaler and spacer Yes/No

OR

* I confirm my child will have their reliver and spacer with Yes/No

them at school every day

* My child’s inhaler and spacer are in-date and clearly labelled Yes/No

with their name

* **I wish to opt out and do not want my child to receive the** Yes/No

**school’s salbutamol inhaler in an emergency**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian/Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_