

	<b>BICESTER LEARNING ACADEMY TRUST</b>  <b><u>SUPPORTING PUPILS/STUDENTS</u></b> <b><u>WITH MEDICAL CONDITIONS</u></b>  <b><u>POLICY</u></b>			Written by:  E Osborn – SENCo (GFPS) &  C Roberts – Assistant Headteacher (TCS)
	<b>Applicable to:</b>  <b>ALL STAFF &amp; STUDENTS/PUPILS</b>	<b>Accountable Officers:</b>  <b>Headteachers:</b> <b>B J Baxter(TCS)</b> <b>I Elkington (GFPS)</b>	<b>Date Adopted:</b>  <b>Autumn Term 2016</b>	<b>Date To Be Reviewed:</b>  <b>Autumn Term 2019</b>  <b>(Every 3 years)</b>

Bicester Learning Academy (BLA) is a Multi Academy Trust which incorporates The Cooper School (TCS) and Glory Farm Primary School (GFPS). It is a company limited by guarantee, registered in England and Wales with registered company number 09053713 and its registered address at Churchill Road, Bicester, Oxon, OX26 4RS

### Definition

Pupils'/students' medical needs may be broadly summarised as being of two types:

- (a) **Short-term**, affecting their participation in school activities which they are on a course of medication.
- (b) **Long-term**, potentially limiting their access to education and requiring extra care and support

### Academy Ethos

The academy's schools have a responsibility for the health and safety of pupils and students in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils/students with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils/students at the school. This may mean making special arrangements for particular pupils/students so that they can access their full and equal entitlement to all aspects of the curriculum. In this case, individual procedures may be required. Bicester Learning Academy (BLA) is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support that pupils/students with medical conditions (long or short term) may need.

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. **Pupils/students with medical conditions have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.** However, teachers and other school staff in charge of pupils/students have a common law duty to act 'in loco parentis' and must ensure the safety of all pupils/students in their care. To this end, we reserve the right to refuse admittance to a pupil/student with an infectious disease, where there may be a risk posed to others or to the health of the individual involved. This duty also extends to teachers leading activities taking place off the school site.

The prime responsibility for a child's health lies with the parent/carer, who is responsible for the child's medication and must supply the school with all relevant information needed in order for proficient care to be given to the child. The school takes advice and guidance from a range of sources, including the School Nurse, Health professionals and the child's GP in addition to the information provided by parents/carers in

the first instance. This enables us to ensure we assess and manage risk and minimise disruption to the learning of the pupil/student and others who may be affected (for example, classmates).

## **Our Aims**

Bicester Learning Academy aims to support pupils and students with medical conditions, so that they have full access to education, including physical education and educational visits:

- To ensure that school staff involved in the care of pupils/students with medical needs are fully informed and adequately trained by a professional in order to administer support or prescribed medication
- To comply fully with the Equality Act 2010 for pupils/students who may have disabilities or special educational needs
- To write, in association with healthcare professionals and/or parents Individual Healthcare Plans where necessary
- To respond sensitively, discreetly and quickly to situations where a pupil/student with a medical condition requires support
- To keep, monitor and review appropriate records

## **Unacceptable Practice**

While school staff will use their professional discretion in supporting individual pupils/students, it is unacceptable to:

- Prevent pupils/students from accessing their medication
- Assume every individual with the same condition requires the same treatment
- Ignore the views of the pupil/student or their parents / carers
- Ignore medical advice
- Prevent pupils/students with medical conditions accessing the full curriculum, unless specified in their Individual healthcare Plan
- Penalise pupils/students for their attendance record where this is related to a medical condition
- Prevent pupils/students from eating, drinking or taking toilet breaks where this is part of effective management of their condition
- Require parents/carers to administer medicine where this interrupts their working day
- Require parents/carers to accompany the pupil/student with a medical condition on a school trip as a condition of participation.

## **Entitlement**

Bicester Learning Academy provides full access to the curriculum for every pupil/student wherever possible. We believe that pupils/students with medical needs have equal entitlement and must receive necessary care and support so that they can take advantage of this. However, we also recognise that employees have rights in relation to supporting pupils/students with medical needs, as follows:

### **Employees:**

- May choose whether or not they wish to be involved

Employees will:

- Receive appropriate training
- Work to clear guidelines
- Bring to the attention of Senior Leadership Teams any concern or matter relating to the support of pupils /students with medical conditions

## **Expectations**

It is expected that:

- Parents/carers will inform school of any medical condition which affects the pupil/student
- Parents/carers will supply the school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container
- Parents/carers will ensure that medicines to be given in school are in date and clearly labelled
- Parents/carers will co-operate in training their children to self-administer medicine if this is appropriate, and that staff members will only be involved if this is not possible
- Medical professionals involved in the care of children with medical needs will fully inform staff beforehand of the pupil/student's condition, its management and implications for the school
- Bicester Learning Academy will ensure that, where appropriate, children are involved in discussing the management and administration of their medicines and are able to access and administer the medicine if this is part of their Individual Healthcare plan (for example, an inhaler)
- School staff will liaise as necessary with Healthcare professionals and services in order to access the most up-to-date advice about a pupil's medical needs and will seek support and training in the interests of the pupil/student
- Transitional arrangements between schools will be completed in such a way that Bicester Learning Academy Trust will ensure full disclosure of relevant medical information, Healthcare plans and support needed in good time for the pupil/student's receiving school to adequately prepare
- Individual Healthcare plans will be written, monitored and reviewed regularly and will include the views and wishes of the pupil/student and parent/carer in addition to the advice of relevant medical professionals

## **Procedure**

Bicester Learning Academy Governing Board ensures that an appropriate level of insurance is in place and reflects the level of risk presented by children and young people with medical conditions.

Pupils/students with serious medical conditions will have their photograph and brief description of condition, along with any other necessary information, in the staffroom. Pupils/students with medical conditions which may require emergency attention, e.g. epilepsy, diabetes, will have their names and an Individual Healthcare Plan clearly accessible and all adults dealing with the pupil/student will have their attention drawn to this information. All other medical conditions will be noted from pupil/student school records and this information will be provided to class and subject teachers annually.

## **In an Emergency**

- In a medical emergency, some staff have been appropriately trained to administer emergency paediatric first aid if necessary. If possible, the school's First Aiders will be asked to attend as well.
- If an ambulance needs to be called, staff will:
  - Outline the full condition and how it occurred
  - Give details regarding the pupil/student's date of birth, address, parents' names and any known medical conditions
- Pupils/students will be accompanied to hospital by a member of staff if this is deemed appropriate. Staff cars should not be used for this purpose. Parents must always be called in a medical emergency, but do not need to be present for a pupil/student to be taken to hospital.

## **Complaints**

Should parents/carers be unhappy with any aspect of the pupil's/student's care they must first discuss their concerns with the relevant school (see Appendices for further details). In the unlikely event of this not resolving the issue, the parents must make a formal complaint using the Bicester Learning Academy's Complaints Procedure.

## **Trained Staff**

Lists of trained staff will be held in each school.

## Appendix 1:

### **Internal Procedures (These do not form part of the BLA's Policy but are published for the information of Parents and Carers)**

#### **Trained Staff**

A list of trained staff can be found in the Reception areas and Staffrooms of the schools.

**Epi-pen** – Only members of staff with First Aid Training specifically for the administration of epi-pens should administer an epi-pen (even in an emergency)

The pen (cap off) should be pushed against the child's thigh, through clothing if necessary. The pen should be held for a count of 10 seconds before being withdrawn. Ambulances must be called for a child who may require an epi-pen. Cetirizine may be given if slight tingling of the lips occurs following ingestion of possible irritants for nut allergy sufferers. This is a liquid medicine stored with the epi-pen. If symptoms are more severe, the epi-pen should be given immediately. An ambulance must be called immediately. Parents should be contacted after this call has been made.

#### **ASTHMA**

##### **Introduction to Policy & Background to Changes**

At the Bicester Learning Academy we are aware of the need to ensure that the pupils/students who are asthmatic have access to their inhalers at all times. We have procedures in place to ensure that inhalers are readily available. The schools maintain a record of all those who are registered as asthmatic/have allergies. In the event of a pupil/student requiring an inhaler and not having access to their own we have implemented the following procedures. These are published for all parents to view. These procedures will be updated in accordance with any further additions and directives.

We recognise that Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK. There are over 25,000 emergency hospital admissions for asthma amongst children a year in the UK.

It is our policy that pupils/students should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack if they are able to manage their asthma themselves and it should be easily accessible to them.

However, as many pupils/students will at some time be without an inhaler having forgotten, lost or broken it or the inhaler having run out in line with the Medicines and Healthcare Products Regulatory Agency (MHRA) recommendations

BLA schools can buy inhalers and spacers (these are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) from a pharmaceutical supplier, provided that the general advice relating to these transactions are observed:

- they buy inhalers in small quantities
- it is done on occasional basis and it is not for profit
- there is liaison with the School Nurse

#### **The emergency kit**

Each school will hold at least one emergency asthma inhaler kit and this should include:

- a salbutamol metered dose inhaler;
- at least two single-use plastic spacers compatible with the inhaler;

- instructions on using the inhaler and spacer/plastic chamber;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers (see below);
- a list of pupils/students permitted to use the emergency inhaler (see pages 6-7: Children who can use an inhaler) as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used).

### **Salbutamol**

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

The main risk of allowing schools to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. It is **essential** therefore that schools ensure that the inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

### **Storage and care of the inhaler**

It has been recommended that at least two named volunteers in each school amongst BLA staff should have responsibility for ensuring that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- that replacement inhalers are obtained when expiry dates approach; replacement spacers are available following use;
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

BLA schools will ensure that the inhaler and spacers are kept in a safe and suitably central location which is known to all staff, and to which all staff have access at all times, but in which the inhaler is out of the reach and sight of children. The inhaler and spacer should not be locked away.

The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature. The inhaler and spacers will be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler. An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

To avoid possible risk of cross-infection, the plastic spacer will not be reused. It can be given to the child to take home for future personal use.

The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.

However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it is recognised that it should also not be re-used but disposed of.

## **Disposal**

DFE Health Guidance: manufactures guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled. To do this legally schools should register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal . Registration only takes a few minutes online and is free, and does not usually need to be renewed in future years. <https://www.gov.uk/waste-carrier-or-broker-registration>

## **Pupils/Students who use the Inhaler**

The emergency salbutamol inhaler should only be used by pupils/students:

- who have been diagnosed with asthma, and prescribed a reliever inhaler;
- OR who have been prescribed a reliever inhaler;
- AND for whom written parental consent for use of the emergency inhaler has been given.

This information should be recorded in a pupil's/student's individual healthcare plan. A pupil/student may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these pupils/students if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

We have procedures in place to ensure that we are notified of pupils/students that have additional health needs and this information will be recorded in a register. The asthma register is crucial. BLA schools will ensure that the asthma register is easy to access, and is designed to allow a quick check of whether or not a pupil/student is recorded as having asthma, and consent for an emergency inhaler to be administered. We also include – with parental consent - a photograph of each pupil/student, to allow a visual check to be made.

As part of the BLA asthma procedures when the emergency inhaler is to be used, a check will be made that parental consent has been given for its use, in the register. Staff will use a proportionate and flexible approach to checking the register.

We will seek written consent from parents of pupils/students on the register for staff to use the salbutamol inhaler in an emergency. Keeping a record of parental consent on the asthma register will also enable staff to quickly check whether a child is able to use the inhaler in an emergency. Consent should be updated regularly – ideally annually - to take account of changes to a child's condition.

## **Responding to asthma symptoms and an asthma attack**

Salbutamol inhalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the pupil/student getting the treatment they need.

For this reason we recognise that the emergency inhaler **should only be used** by pupils/students who have been diagnosed with asthma, and prescribed a reliever inhaler, or who have been prescribed an reliever inhaler **AND** whose parents have given consent for an emergency inhaler to be used.

Primary School Staff should be aware in particular of the difficulties very young children may have in explaining how they feel.

**Common 'day to day' symptoms of asthma are:**

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

**Signs of an asthma attack include:**

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue/white tinge around the lips
- Going blue

If a pupil/student is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed:

**CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE PUPIL/STUDENT:**

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

**Responding to signs of an asthma attack**

- Keep calm and reassure the pupil/student
- Encourage the pupil/student to sit up and slightly forward.
- Use the pupil/student's own inhaler – if not available, use the emergency inhaler
- Remain with pupil/student while inhaler and spacer are brought to them
- Immediately help the pupil/student to take two puffs of the salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- Stay calm and reassure the pupil/student, stay with them until they feel better. The pupil/student can then return to school activities
- If the pupil/student does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE

- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- The pupil/student's parents or carers should be contacted after the ambulance has been called
- A member of staff should always accompany a pupil/student taken to hospital by ambulance and stay with them until a parent or carer arrives.

### **Recording use of the inhaler and informing parents/carers**

Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom. Supporting pupils/students requires written records to be kept of medicines administered to them.

In addition to the above the pupil's/student's parents/carers must be informed in writing so that this information can also be passed onto the pupil's/student's GP. The example letter may be used to notify parents.

### **Staff**

Any member of staff may volunteer to take on these responsibilities, but they cannot be required to do so. These staff may already have wider responsibilities for administering medication and/or supporting pupils/students with medical conditions.

In the following advice, the term 'designated member of staff' refers to any member of staff who has responsibility for helping to administer an emergency inhaler, i.e. they have volunteered to help a child use the emergency inhaler, and been trained to do this.

We will ensure there are a reasonable number of designated members of staff to provide sufficient coverage. B L A will also ensure staff have appropriate training and support, relevant to their level of responsibility.



It would be reasonable for ALL staff to be:

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- aware of the asthma policy;
- aware of how to check if a pupil/student is on the register;
- aware of how to access the inhaler;
- aware of who the designated members of staff are, and the policy on how to access their help.

BLA schools have agreed arrangements in place for all members of staff to summon the assistance of a designated member of staff, to help administer an emergency inhaler, as well as for collecting the emergency inhaler and spacer. These should be proportionate, and flexible – and can include phone calls being made or responsible (secondary school-aged students) asking for the assistance of another member of staff and/or collecting the inhaler (but not for checking the register), and procedures for supporting a designated member's class while they are helping to administer an inhaler.

BLA schools have a procedure for allowing a quick check of the register as part of initiating the emergency response. The register is held centrally.

#### **Designated members of staff should be trained in:**

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary;
- administering salbutamol inhalers through a spacer;
- making appropriate records of asthma attacks.

Schools should also ensure that:

- a named individual is responsible for overseeing the protocol for use of the emergency inhaler, and monitoring its implementation and for maintaining the asthma register;
- at least two individuals are responsible for the supply, storage care and disposal of the inhaler and spacer.

#### **Appendix 2: Administration of medicines at Glory Farm Primary School**

Children with medical conditions which may require emergency attention, e.g. epilepsy, diabetes, will have their names and an Individual Healthcare Plan clearly accessible in the school.

- Only essential medicines will be administered during the school day. These will be only those prescribed by a doctor. Parents/Carers must submit a written permission slip before any medicine is administered
- Under exceptional circumstances we will consider giving parents' permission to administer non-prescription drugs to their own children
- Medicines to be given during the school day must be in their original container. Controlled drugs can also be administered, subject to all other conditions as described in the Policy
- Essential medicines will be administered on Educational Visits, subject to the conditions above. A risk assessment may be needed before the visit takes place. Staff supervising the visit will be responsible for safe storage and administration of the medicine during the visit
- Class teachers or class TAs will give medicines. Before administering any medicine, staff must check that the medicine belongs to the child, must check that the dosage they are giving is correct, and that written permission has been given

- Any child refusing to take medicine in school will not be made to do so, and parents will be informed about the dose being missed. All doses administered will be recorded in the Administration of Medicines book (located in the school reception office) by the teacher or TA
- All medicines will be stored safely. Medicines needing refrigeration will be stored in the staffroom fridge
- Some medicines (inhalers, etc.) will be kept in the child's classroom and carried with the children, for ease of access during outside activities Children have access to these inhalers at all times, though must inform a member of staff that they are taking a dose. All inhalers are marked with the child's name.
- All medicines must be clearly labelled
- Controlled drugs or prescribed medicines will be kept in the safe cabinet in the class areas
- Epi-pens are kept in locked cupboards in relevant children's teaching areas in medical bags
- Staff will record any doses of medicines given in the Medicine book. Children self-administering asthma inhalers do not need to be recorded
- All children with an inhaler must take them on educational visits, however short in duration.

## **Complaints**

Should parents/carers be unhappy with any aspect of their child's care they must first discuss their concerns with the child's class teacher with whom any issues should be managed. If this does not resolve the problem or allay concern, the problem should be brought to a member of the leadership team, who will, where necessary, bring concerns to the attention of the Headteacher.

## **Appendix 3:**

### **Administration of medicines at The Cooper School**

Students with medical conditions which may require emergency attention, e.g. epilepsy, diabetes, will have their names and an Individual Healthcare Plan clearly accessible in Reception

- No medicines are administered by staff during school hours or on school trips – instead students are asked to administer their own medicines
- Medicines are stored securely in the school's reception for the student. Each student's medicine is kept together and is clearly labelled with their name
- All medicines will be stored safely. Medicines needing refrigeration will be stored in the fridge located in reception
- Medicines to be used during the school day must be in their original container
- All medicines must be correctly and clearly labelled
- Controlled drugs or prescribed medicines will be kept in the locked cabinet in reception. Access to these medicines is restricted to the named person
- Spare inhalers for students can be kept in Reception. These need to be properly labelled with the student's name
- A spare epi-pen for each student requiring one is kept in a locked cupboard in reception. Records are kept for each student requiring an epi-pen
- All students requiring an epi-pen or an inhaler must take one on a school trip (however short in duration)
- Any student refusing to take medicine in school will not be made to do so and parents/carers will be informed about the dose being missed. All doses self-administered by the student will be recorded in the Administration of Medicines book (located in the school reception)
- A risk assessment may be needed before a school visit takes place and it is the duty of staff supervising the visit to ensure the safe storage of medicine during the visit

## Complaints

Should parents be unhappy with any aspect of the care provided they must first discuss their concerns with the student's Student Support Manager with whom any issues should be managed. If this does not resolve the problem or allay concern, the problem should be brought to a member of the leadership team, who will, where necessary, bring concerns to the attention of the Headteacher.

### Useful links

For convenience both hot links and full URLs are given below.

Supporting pupils at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (Department for Education, 2014).  
<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>

Supporting Pupils with Medication Needs, (Department of Education, Department of Health, Social Services and Public Safety, 2008)

Asthma UK Website <http://www.asthma.org.uk>

Education for Health  
<http://www.educationforhealth.org>

School Asthma Cards  
<http://www.asthma.org.uk/Shop/school-asthma-card-pack-of-20-healthcare-professionals>

NHS Choices, Asthma in Children  
<http://www.nhs.uk/conditions/asthma-in-children/pages/introduction.aspx>

NICE Quality Standard  
<http://publications.nice.org.uk/quality-standard-for-asthma-qs25>

Children and Maternal Health Intelligence Network <http://www.chimat.org.uk/>

Getting it right for children, young people and families. Maximising the contribution of the school nursing team: Vision and Call to Action (March 2012).  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216464/dh\\_133352.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216464/dh_133352.pdf)  
Guidance on the use of emergency salbutamol inhalers in schools.

<b>Policy/Procedure Title</b>	<b>Support Pupils/Students with Medical Needs Policy</b>
<b>Issue Date to Committee</b>	<b>Autumn Term 2016</b>
<b>Author/Name/Department</b>	<b>C Roberts – Assistant Headteacher (TCS) E Osborn - SENCo (GFPS)</b>
<b>Approved by Directors</b>	
<b>Review Date – Every three years</b>	<b>Autumn Term 2019</b>

**CONSENT FORM**

**FOR THE USE OF EMERGENCY SALBUTAMOL INHALER**

**For a Pupil / Student showing symptoms of asthma / having an asthma attack**

I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

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.

Signed:

Date:

Name

(print).....

Pupil's/Student's name:

Class:

Parent/Carer's address and contact details:

Telephone:

Email:

**SPECIMEN LETTER TO INFORM PARENTS/CARERS OF EMERGENCY SALBUTAMOL  
INHALER USE**

Pupil/Student's name: .....

Class: .....

Date: .....

Dear.....

This letter is to formally notify you that.....has had problems with his/her  
breathing today. This happened when .....  
.....  
.....

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the  
emergency asthma inhaler containing salbutamol. They were given ..... puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency  
asthma inhaler containing salbutamol. They were given ..... puffs. .  
[Delete as appropriate]

Although they soon felt better, we would strongly advise that you have .....seen by your own  
doctor as soon as possible.

Yours sincerely

(Insert Job Title e.g. Headteacher)