

## Parental Authorisation Form

Dear Parents/Carers

We are currently updating our system to ensure that we have details of all children with **Asthma or who may need to use an inhaler.**

I am attaching an Asthma Care Plan and Consent Slip and ask that you complete and return this to the school as soon as possible if your child has ever suffered from Asthma.

### Emergency Treatment of an Asthma Attack

***Please read this section carefully and seek clarification from your family doctor if necessary.***

You are asked to indicate on the form below if your child suffers from **Asthma**. If your child does suffer from Asthma please also complete a new school Asthma plan, this should be updated annually and can be obtained from the office or on the school website.

If the student should suddenly collapse and/or has difficulty in breathing, as with all medical emergencies, professional help will be sought immediately. This treatment could be lifesaving, the Department of Health advises that bronchodilator inhalers are safe and are accepted as a first line therapy to be used in the emergency procedures for asthma.

Yours faithfully



Lynne Harrowell, Interim Executive Headteacher.

**The emergency salbutamol inhaler will only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.**

I give permission for the school medical staff to administer (Salbutamol CFC Free) to

My Child \_\_\_\_\_ in Class \_\_\_\_\_ In the event of an emergency asthma attack

School to administer Salbutamol CFC FREE 100MCG Inhaler

My child no longer has Asthma

Signed \_\_\_\_\_