**ASTHMA INHALERS IN SCHOOL**

**Spare Inhaler**
The law has changed so as to allow schools to hold a spare salbutamol inhaler for emergency use, provided that parental consent has been given for its use in an emergency, should your child’s own inhaler not be available. We know that 86% of children have been without their own inhaler because it was lost, forgotten, broken or had run out. Previous legislation meant it was illegal for schools to have a spare emergency inhaler to use in the event of a potentially life-threatening asthma attack.

**Supply**
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, such as a local pharmacy, without a prescription, provided the general advice relating to these transactions are observed. Schools can buy inhalers in small quantities provided it is done on an occasional basis.

**Asthma Medication**

**Blue Reliever Inhalers**
The most common asthma medications seen in school are blue reliever asthma inhalers, used by the majority of pupils. Blue reliever inhalers give immediate relief from asthma symptoms by dilating the small airways, opening up the air passages and making it easier to breathe.

**Brown Reliever Inhalers**
This protective effect builds up over a period of time so they need to be taken every day (usually morning and night).

I would be extremely grateful if you could sign and return this form if you agree to allow us to administer this medication in an emergency.

Yours Sincerely

Mrs Jeanette Levers
First Aid/Welfare

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**CONSENT FORM – KING RICHARD 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: ___________________________ Year/Tutor: ______________
Signed (Parent/Guardian): ___________________________ Date: ______________
Print Name (Parent/Guardian): ___________________________