



THE PARK COMMUNITY SCHOOL

The Park Community School,
Park Lane, Newport, Barnstaple,
Devon. EX32 9AX

Telephone: 01271 373131

Fax: 01271 373167

admin@theparkschool.org.uk

www.parkcommunity.devon.sch.uk

Headteacher: Gareth Roscoe BA (Hons)

Date:

Dear Parent/Carer

We understand that your son/daughter has been diagnosed with asthma. We would be grateful if you could complete and return the attached consent form to enable us to administer an inhaler in school.

Yours sincerely

First Aid Department



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CONSENT FORM: 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.

Signed: Date:

Name (print).....

Child's name:

Class:

Parent's address and contact details:

.....
.....
.....

Telephone:

E-mail