



Fulford School

Fulfordgate, Heslington Lane, Fulford, York. YO10 4FY
T: 01904 633300 E: office@fulford.york.sch.uk W: www.fulford.york.sch.uk

Dear Parent/Carer

From 1st October 2014 schools are allowed to keep Salbutamol inhalers and spacers to use as an emergency measure if your child has forgotten to bring theirs with them, or in the event that theirs runs out.

Please see the consent form included with this letter. This must be completed and returned to school in order for us to be able to let your child use one of these inhalers in such an emergency.

Yours faithfully

Miss K Eastaugh



South York
MULTI-ACADEMY TRUST

The South York Multi-Academy Trust.
Registered address: Fulfordgate, Heslington Lane, Fulford, York YO10 4FY.
A charitable company limited guarantee registered in England and Wales.
(company number:11082297)



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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 and has been prescribed an inhaler.
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) _____ Relationship to child: _____

Child's name: _____

Address: _____

Home Telephone Number: _____

Work Telephone Number: _____

Mobile Telephone Number: _____



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