



# Fulford School

Fulfordgate, Heslington Lane, Fulford, York YO10 4FY  
Telephone York (01904) 633300 Facsimile: (01904) 666400  
Email: [office@fulford.york.sch.uk](mailto:office@fulford.york.sch.uk)  
Website: [www.fulford.york.sch.uk](http://www.fulford.york.sch.uk)



Headteacher: Ms. L. Savage, BA, NPQH  
Deputies: Mr D. Bodey BSc, Mr. T. Johnson, BA

September 2017

Dear Parent/Carer

From 1<sup>st</sup> 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



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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: \_\_\_\_\_

