Dear Parent/Carer

You have informed the school your child has Asthma, this means they should have an inhaler on them at all times and a spare left in First Aid. We have recently purchased some inhalers to have in school in case of emergencies, these will be used by any student who has Asthma, so will be shared.

Please complete the form and sign below if you are happy to give your consent, for your child to use the school inhaler.

Kind regards

Miss S Pearson

**Reception/Lead First Aider**

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**Permission to use the school Asthma inhaler.**

Name of pupil: …......................................................................................................................................

Year/Form: …...........................................................................................................................................

**Please tick the box and sign below.**

**I consent to my child using the school asthma inhaler.**

**Signed:** …………………………………………………................................................................................................

**Print Name: …..................................................................................................................................**

**Date: ….............................................................................................................................................**