

## Appendix 6

# Hawes Down Primary School

The Mead, West Wickham, Kent BR4 0BA

Head Teacher: Mr M DeFreitas

Telephone: 020 8777 4174

E-mail: [office@hdps.org.uk](mailto:office@hdps.org.uk)



### **Parent/Carer consent form – Opt in 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
  
2. I can confirm my child has been prescribed an inhaler
  
3. My child has a working, in-date inhaler, and spacer clearly labelled with their name   
which they bring with them to school every day
  
4. If my child shows symptoms of asthma, or if their own 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: \_\_\_\_\_

Print Name \_\_\_\_\_

Child's name: \_\_\_\_\_

Class: \_\_\_\_\_

Please note everyone with asthma should use a spacer with their inhaler to ensure delivery to the lungs. If your child does not have a spacer or has not had an asthma review in the past 12 months please book an appointment with your GP as soon as possible.

**Part of Langley Park Academies**

**Registered Office: Langley Park School for Girls, Hawksbrook Lane, South Eden Park Road, Beckenham, Kent BR3 3BE**

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## Appendix 7

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### Parent/Carer form – Opt out use of emergency salbutamol inhaler

Dear Parent/Carer,

Due to a change in the law (September 2018), we are pleased to inform you that schools are now permitted to hold emergency Salbutamol inhalers.

At Hawes Down Primary School we have reviewed our asthma procedures and we have an Emergency inhaler on site. This is a precautionary measure. You will still need to provide your child with their own inhaler and spacer as prescribed.

We would like to notify you that if you have previously informed us that your child has asthma or has been prescribed a blue inhaler we will use the Schools Emergency inhaler in the unlikely event their regular inhaler fails to work or is missing.

If you **DO NOT** – wish for us to use the schools inhaler in an emergency please fill in the details below and return to school as soon as possible.

Please can you ensure that your child brings in a working in-date inhaler and spacer for use in school that has their name and date of birth on it.

Yours sincerely,

Mr M DeFreitas

Head Teacher

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Child's name: \_\_\_\_\_

Date: \_\_\_\_\_

I **DO NOT** consent to my child using the school's emergency inhaler

Parent/Carer signature \_\_\_\_\_

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