School Headed Paper

 (School details here)

Dear Parent/Guardian,

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

This letter is to inform you that your child required the school’s emergency Salbutamol reliever treatment for their asthma today as they/we did not have access to their own inhaler.

|  |
| --- |
| Description of Event – Why your child needed Salbutamol |
|  |
| Number of Puffs  |  |
| Time Given |  |
| Given By (print name) |  |

We strongly recommend that you make an appointment for review with your child’s asthma nurse or doctor as soon as possible to review their asthma care.

The spacer device is single patient use and we have therefore given this to your child to go home with. Please provide a new replacement spacer for the school via your local pharmacy.

**We would be grateful if you could ensure your child’s own reliever inhaler and spacer is provided to the school or if old enough kept with your child at school every day. The inhaler and spacer should be in date and labelled with your child’s name and date or birth.**

Yours sincerely,