

Supporting Pupils with Medical Conditions Policy

Author:	Jacqui Johnson	Date of last review:	September 2022
Approval Requirement:	Governor Behaviour, Safeguarding and Inclusion Committee		
Review Due:	September 2023		

Contents

[Statement of intent](#)

[1. Legal framework](#)

[2. Roles and responsibilities](#)

[3. Admissions](#)

[4. Notification procedure](#)

[5. Staff training and support](#)

[6. Self-management](#)

[7. Supply teachers](#)

[8. IHPs](#)

[9. Managing Medicines](#)

[10. Adrenaline auto-injectors \(AAIs\)](#)

[11. Record keeping](#)

[12. Emergency procedures](#)

[13. Day trips, residential visits and sporting activities](#)

[14. Unacceptable practice](#)

[15. Liability and indemnity](#)

[16. Complaints](#)

[17. Home-to-school transport](#)

[18. Defibrillators](#)

[19. Monitoring and review](#)

[Appendix 1 - Individual Healthcare Plan Implementation Procedure](#)

[Appendix 2 – Individual Healthcare Plan](#)

[Appendix 3 – Parental instruction for the school to administer medication](#)

[Appendix 4 – JCSC agreement to administer medicine](#)

[Appendix 5 – Record of medicines administered to students.](#)

[Appendix 6 – Staff Training Record for administering medicines/treatment](#)

[Appendix 7 – Contacting Emergency Services](#)

[Appendix 8- Consent form -Asthma- Salbutamol Inhaler](#)

[Appendix 9- Template letter -emergency use of Salbutamol Inhaler](#)

Statement of intent

The governing board of James Calvert Spence College has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

The school believes it is important that parents of pupils with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

1. Legal framework

1.1 This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Ofsted (2019) 'Education inspection framework'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

1.2 This policy operates in conjunction with the following school policies:

- Special Educational Needs and Disabilities (SEND) Policy
- Behaviour Policy and Statement of Behaviour Principles
- Complaints Procedures Policy
- Attendance and Absence Policy
- Pupils with Additional Health Needs Attendance Policy
- Health and Safety Policy
- First Aid Policy

2. Roles and responsibilities

2.1 The governing board is responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.

- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

2.2 The Assistant Headteacher is responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Liaising with the Executive headteacher to ensure that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school health team where a pupil with a medical condition requires support that has not yet been identified.

2.3 Parents are responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs (on a termly basis at least).
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

2.4 Pupils are responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

2.5 School staff are responsible for:

- Being aware of the medical needs of the pupils in their classes (IHPs are attached to pupil profiles in Bromcom)
- Providing appropriate support to pupils with medical conditions.
- Taking into account the needs of pupils with medical conditions in their lessons.
- Attending sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.

- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

2.6 The school health team are responsible for:

- Notifying the school at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in school.
- Supporting staff to implement IHPs and providing advice and training when support is requested.
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.

2.7 Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school when a child has been identified as having a medical condition that will require support at school (with permission from parents).
- Providing advice on developing IHPs when support is requested.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

3. Admissions

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

4. Notification procedure

When the school is notified that a pupil has a medical condition that requires support in school, the school will seek advice and support from the relevant medical professional if necessary. Following this, parents will be asked to complete an IHP and keep school updated with any changes in the pupil's medical conditions. If the medical need is complex then the school will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP.

The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the Assistant headteacher based on all available evidence (including medical evidence and consultation with parents).

For a pupil starting at the school arrangements will be put in place prior to their introduction and informed by their previous school. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

5. Staff training and support

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be assessed by the Assistant headteacher through the development and review of IHPs, on a termly basis for all school staff, and when a new staff member arrives. The school health team will confirm the proficiency of staff in performing medical procedures or providing medication.

A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training will be carried out on a regular basis for all staff, and included in the induction of new staff members.

The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

6. Self-management

Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.

Where possible, pupils will be allowed to carry their own inhalers. Where it is not possible for pupils to carry their own inhalers, they will be held in suitable locations that can be accessed quickly and easily. All other medicines must be kept in a locked box at reception of either site. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered.

If a pupil with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action will be taken in accordance with our Drug and Alcohol Policy.

7. Supply teachers

Supply teachers will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

8. IHPs

The school, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a pupil, or whether it would be inappropriate or disproportionate to their

level of need. If no consensus can be reached, the Assistant headteacher will make the final decision.

The school, parents and, where appropriate, a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process.

IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable (if necessary)
- Who needs to be made aware of the pupil's condition and the support required
- Arrangements for obtaining written permission from parents and the headteacher for medicine to be administered by school staff or self-administered by the pupil
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition
- What to do in an emergency, including contact details and contingency arrangements

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the education provider to ensure that their IHP identifies the support the child will need to reintegrate.

9. Managing Medicines

In accordance with the school's Administering Medication Policy, medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

Pupils under 16 years old will not be given prescription or non-prescription medicines without their parents' written consent, except where the medicine has been prescribed to the pupil without the parents' knowledge. In such cases, the school will encourage the pupil to involve their parents, while respecting their right to confidentiality.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional

No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken and the maximum dosage allowed.

Parents will be informed any time medication is administered that is not agreed in an IHP.

The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely. Pupils will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, pupils will be informed of who holds the key to the relevant storage facility. When medicines are no longer required, they will be returned to parents for safe disposal.

Sharps boxes will be used for the disposal of needles and other sharps.

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

The school will hold asthma inhalers for emergency use. The inhalers will be stored in the medical room and their use will be recorded. Inhalers will be used in line with the school's Health and Safety and First Aid Policies. See consent form at [Appendix 8](#) & template notification of use letter at [Appendix 9](#)

Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

10. Adrenaline auto-injectors (AAIs)

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's Allergen and Anaphylaxis Policy. Where a pupil has been prescribed an AAI, this will be written into their IHP.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

Pupils who have prescribed AAI devices can keep their device in their possession.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

In the event of anaphylaxis, a designated staff member will be contacted via a walkie-talkie or tannoy. Where there is any delay in contacting designated staff members, or where delay

could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAI's, e.g. if the pupil needs restraining.

The school will keep a spare AAI so long as this is provided by the parent and is replaced by the parent when it becomes out of date. The spare AAI will be stored in reception and will only be administered to the specific child where written parental consent has been gained. Where a pupil's own AAI cannot be administered correctly and without delay, the spare will be used. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of any spare AAI's stored in school is appropriate.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the one in the school's possession. Where any AAI's are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

For children aged over 12, a dose of 300 or 500 micrograms of adrenaline will be used.

AAI's will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

11. Record keeping

Written records will be kept of all medicines administered to pupils. Proper record keeping will protect both staff and pupils, and provide evidence that agreed procedures have been followed. Appropriate forms for record keeping can be found in [Appendix 4](#) and [Appendix E](#) of this policy.

12. Emergency procedures

Medical emergencies will be dealt with under the school's emergency procedures.

Where an IHP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

13. Day trips, residential visits and sporting activities

Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

14. Unacceptable practice

The school will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

15. Liability and indemnity

The governing board will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

The school holds an insurance policy covering employer's liability.

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

16. Complaints

Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's

complaints procedures, as outlined in the Complaints Procedures Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

17. Home-to-school transport

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

18. Defibrillators

The school has an automated external defibrillator (AED). The AED is located outside the main entrance at the Acklington Road site in a lockable cabinet. As the cabinet has a key code for access, Facilities or reception staff need to be contacted for access.

All staff members will be made aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed annually.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

The AED is also supplied with pads for pupils under the age of eight. Staff to check the correct pads are connected before use. Also, on front of machine move switch to appropriate age mode i.e., 1-8.

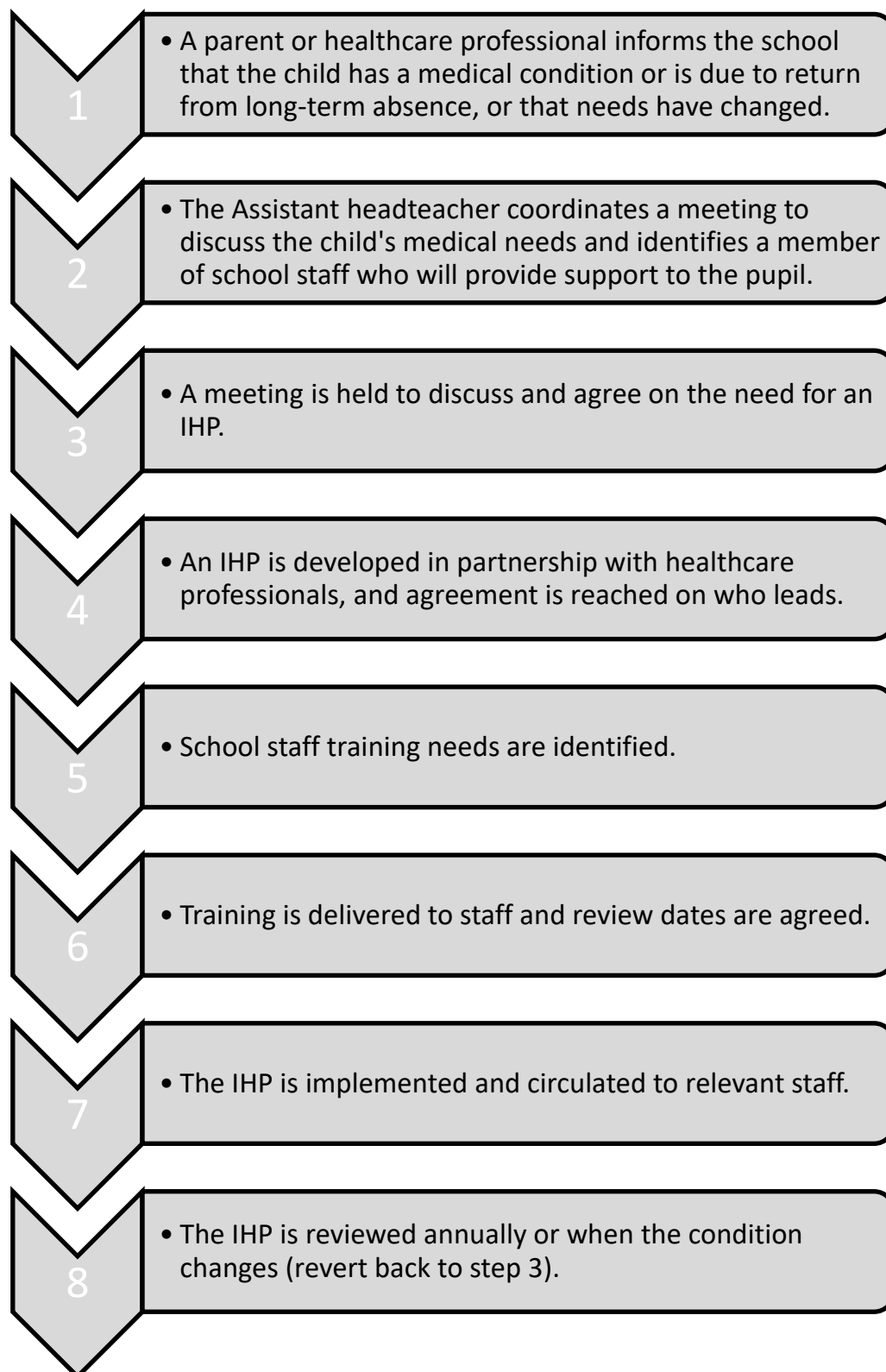
Maintenance checks will be undertaken on AEDs on a regular basis by the school facilities staff, who will also keep an up-to-date record of all checks and maintenance work.

19. Monitoring and review

This policy is reviewed on an annual basis by the ELT. Any major changes to this policy will be communicated to all staff, parents and relevant stakeholders.

The next scheduled review date for this policy is September 2023.

Appendix 1 - Individual Healthcare Plan Implementation Procedure



Appendix 2 – Individual Healthcare Plan

Student Name	Doctor Name
Address	Address
	Telephone No:
Emergency contacts: Name & Relationship	Contact Numbers- Home/Work/Mobile
Medical diagnosis or condition	Prescription medication needed
Dosage and time of day	Side effects (if any)
Name of hospital consultant/contact - and telephone number	

Appendix 2 – Individual Healthcare Plan

Clearly explain the medical problem, if the student needs medication at school, details of symptoms, what constitutes an emergency and the action to be taken etc..

Name of person to contacted first in an emergency

Telephone number

Please list below any other medical problems you think we should know about, for example, asthma, allergies, diabetes, epilepsy, eczema, migraine etc...and any appropriate guidance or advice. If your child has asthma you must complete appendix 8.

The above information is, to the best of my knowledge, accurate at the time of writing; I will inform the school in writing immediately if there is any change in circumstances or medical details.

**Signed by
Parent/Guardian**

Date

**Signed by
Parent/Guardian**

Date

Appendix 3 – Parental instruction for the school to administer medication

This form must be completed by the parent before any medication is administered or stored within school.

Name of student:				Date of birth:	Tutor Group:
Medical condition requiring medication:					
Address:					
Date:	Name of medication:	Amount supplied:	Expiry date:	Dosage regime:	School Agreement & Health Form Completed

I authorise that my child _____

will receive _____ (please provide details of medication and dosage) at the following times each day (e.g. morning break, lunchtime or as required according to symptoms) _____

I understand that he/she will be supervised whilst the medication is taken.

This arrangement will continue until either the end date of the course of medicine or until instructed by myself, the parent/guardian.

Name of parent/carers _____

Signed by parent/carers _____ Date _____

Relationship to student _____

This form should be kept with the medication and checked before administering anything to the student.

Appendix 4 – JCSC agreement to administer medicine

School Copy

This form needs to be completed by a nominated member of staff before any medication is accepted in school. A copy should be kept with the medication and a copy given to the parent/guardian.

It is agreed that (name of child) will receive (quantity and name of medicine.....at the following times each day or as required according to

(Name of child) will be supervised whilst he/she takes the medication by (name of member of staff) or an appropriate member of staff if absent.

This arrangement will continue until the course of treatment is completed or until instructed by parents.

Any medication not completed and left within school will be destroyed after 7 days.

Signed Date

Position

Appendix 4 – JCSC agreement to administer medicine

Parent/carers copy

This form needs to be completed by a nominated member of staff before any medication is accepted in school. A copy should be kept with the medication and a copy given to the parent/guardian.

It is agreed that (name of child) will receive (quantity and name of medicine.....at the following times each day or as required according to

(Name of child) will be supervised whilst he/she takes the medication by (name of member of staff) or an appropriate member of staff if absent.

This arrangement will continue until the course of treatment is completed or until instructed by parents.

Any medication not completed and left within school will be destroyed after 7 days.

Signed Date

Position

Appendix 5 – Record of medicines administered to students.

[illegible]

Appendix 6 – Staff Training Record for administering medicines/treatment

Name	
Type of training received	
Date training completed	
Training provided by	
Profession and title	

I confirm that the staff member has received the training detailed above and is competent to carry out any necessary treatment pertaining to this treatment type. I recommend that the training is updated by the school nurse.

Trainer's signature: _____ Date: _____

Print name: _____

Suggested review date: _____

I confirm that I have received the training detailed above.

Staff signature: _____ Date: _____

Print name: _____

Appendix 7 – Contacting Emergency Services

To be stored by the phone in the school office

Request an ambulance – dial (9)999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly, and be ready to repeat information if asked.

- The telephone number: 01665 710636
 - Your name.
 - Your location as follows: James Calvert Spence College, Amble
 - The postcode: NE65 0NG (AR) NE65 0ND (SA)
 - The exact location of the individual within the school.
 - The name of the individual and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the individual.

Appendix 8 – Consent form- Salbutamol inhaler

CONSENT FORM:
USE OF EMERGENCY SALBUTAMOL INHALER
JAMES CALVERT SPENCE COLLEGE

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

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)

Child's name:

Class:

Parent's address and contact details:

Telephone:

E-mail:

Appendix 9 –Template letter to inform parents of Emergency Salbutamol Inhaler use

Child's name:

Class:

Date:

Dear.....,

[Delete as appropriate]

This letter is to formally notify you that.....has had problems with his / her breathing today. This happened when.....

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

[Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,