**Example Primary School Letter**

Dear Parent/Guardian,

We are currently reviewing our asthma policy in partnership with the Humber and North Yorkshire Integrated Care Partnership. Please would you update the information regarding your child so we can ensure our school records are accurate. Our updated asthma policy means we will have an emergency salbutamol reliever inhaler on site. This is a precautionary measure. To keep your child safe, please provide a reliver (Salbutamol) inhaler and spacer for your child to have in school. This is in addition to the inhaler and spacer that you keep for your child. If you do not wish for us to use the schools’ inhaler in an emergency, then please indicate below. In an emergency, staff within school have training to assist your child to use the emergency inhaler.

Please note that everyone with asthma should use a spacer with their inhaler to deliver maximum benefit to the lungs (unless your child has a breath actuated inhaler). Children who use breath actuated inhalers can still use the emergency salbutamol inhaler and spacer within school if needed in an emergency. 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. At the annual asthma review, your child should receive a Personal Asthma Action Plan, please provide a copy of this plan to school so they can safely care for your child and understand their asthma management.

For more information on reasons for and how to use a spacer and about Personal Asthma Action Plans please see the HNY Healthier Together Website. If your child does not have a diagnosis of Asthma but has regular wheeze outside of viral illnesses, then please consult their GP as soon as possible to discuss if it could be Asthma.

Please complete the information below and return to school as soon as possible.

Yours sincerely,

I confirm that my child has been diagnosed with asthma [ ]

I confirm my child has been prescribed an inhaler [ ]

My child has a working, in-date inhaler and spacer clearly labelled with their name, which they will have with them at school every day [ ]

I have provided a copy of my child's Personal Asthma Action Plan [ ]

Please tick if you **DO NOT** wish the school to use the schools’ inhaler in an emergency [ ]

Signed:

Date:

Name:

Relationship to Child:

Child's Name:

Class: