Use of School Emergency Salbutamol Inhaler

Name :

Class :

Date :

Dear Parent/Carer,

This is to inform you that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ needed to use the school emergency salbutamol inhaler / spacer whilst at school today because:

His/Her Salbutamol inhaler was empty/did not work

He/She did not have their own salbutamol inhaler in school

He/She did not have a spacer in school

Please provide school with a salbutamol inhaler/spacer. It is essential that your child has access to a salbutamol inhaler and spacer whilst at school in the event of an emergency

*Adapted from Beat Asthma Template Letter (2017)*