

## Use of School Emergency Salbutamol Inhaler

| Name :                                                                                  |                                                |                                     |
|-----------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------|
| Class :                                                                                 |                                                |                                     |
| Date :                                                                                  |                                                |                                     |
|                                                                                         |                                                |                                     |
| Dear Parent/Carer,                                                                      |                                                |                                     |
|                                                                                         |                                                |                                     |
| This is to inform you thatr                                                             |                                                | needed to use the school            |
| emergency salbutamol inhaler / spacer whilst at school today because:                   |                                                |                                     |
|                                                                                         |                                                |                                     |
| His/H                                                                                   | Her Salbutamol inhaler was empty/did not wo    | rk                                  |
|                                                                                         |                                                |                                     |
| He/S                                                                                    | she did not have their own salbutamol inhaler  | in school                           |
|                                                                                         |                                                |                                     |
| He/S                                                                                    | the did not have a spacer in school            |                                     |
|                                                                                         |                                                |                                     |
| Please prov                                                                             | ide school with a salbutamol inhaler/spacer. l | 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)