

Appendix VIII

Dear

Asthma Pumps in Primary Schools

Your child _____ has an asthma pump in school.

I am writing to inform you of the school's guidelines with regard to asthma pumps in school:

1. All asthma pumps will be kept in the classroom.
2. All asthma pumps and prescribed medication will be named.
3. With the pump there will be written evidence of the frequency of usage necessary for each individual child. This is to ensure that if a child appears to need their pump rather too frequently, then the parent can be informed.
4. We strongly encourage independence so your child will not be restricted from using their pump during the course of the school day, however, staff will administer and record the usage of pumps during the course of the school day.
5. If the child needs their pump during break times, a request to a member of staff must be made first before entering the building, where an adult will accompany them.

If you wish to see the School Medical Policy, please make a request to the school office.

Would you please sign and return the slip below indicating your agreement to keep the pump in the care of the teacher or other staff.

Yours sincerely

Head teacher

Asthma Pumps

I agree and accept the above guidelines regarding asthma pumps in school Please tick

Signed _____ Print _____ Parent/Guardian

Child's name _____ Date _____

