

Principal: Mr D McGilloway

Broadoak Academy, Windwhistle Road,
Weston-super-Mare BS23 4NP Tel: 01934 422 000
Email: enquiries@broadoakacademy.clf.uk
www.broadoakacademy.clf.uk



Dear Parents/Carers,

I am writing to inform you about an important matter regarding your child's health and safety at school.

As you may know, if a child has been prescribed an inhaler to manage their asthma, it is crucial that they have access to their inhaler at all times during the school day. This ensures that they can quickly and effectively manage any asthma symptoms in the moment, preventing more serious health issues from arising.

We kindly request that if your child needs an inhaler, you ensure they bring it to school every day. Additionally, please check that the inhaler has not expired and that it has not run out. If possible, providing a spare inhaler to be kept at the school office would be greatly appreciated. If you do this, please ensure your child's name and tutor group are written on the inhaler.

If your child suffers from Asthma and uses an inhaler, please complete the form at the bottom of this letter and return to the Main Office or School Reception or follow this link to complete the form online: [Use of emergency Salbutamol inhaler form](#)

If you have any questions or concerns, or if there are any changes in your child's health condition, please do not hesitate to contact us. Our priority is to ensure the well-being and safety of all our students.

Thank you for your cooperation and understanding.

Mr J French

Senior Operations Manager

Broadoak Academy



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Rolls-Royce

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CONSENT FORM:

USE OF EMERGENCY SALBUTAMOL INHALER

Broadoak Academy

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been [tick as appropriate]:
 - a. diagnosed with asthma
 - b. has been prescribed an inhaler

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:

Tutor Group:

Parent/carer address and contact details:

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.....
.....

Telephone:

E-mail:



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