

Founded 1642



New Hall School
The Best Start in Life

Dear Parents/Guardians

Re: Important Information for all Students with Asthma - Emergency Salbutamol Inhalers

New Hall School has made arrangements to hold emergency Salbutamol inhalers for the use of students diagnosed with asthma, whose prescribed inhaler is not available for various reasons in the event of an emergency.

If your daughter/son has been diagnosed with asthma and/or has been prescribed an inhaler, please complete the attached document and return to the Health Centre.

Inhalers will only be administered to students for whom written parental consent for the use of the emergency inhaler has been given. Asthma is a serious condition and in order for the School to provide the best possible care for students with asthma, I urge you to complete and return the attached form.

If you require any further information, please do not hesitate to contact me via:

Healthcentre@newhallschool.co.uk

Yours sincerely

Mr Paul Davey
HEALTH CENTRE MANAGER

New Hall School The Avenue, Boreham, Chelmsford, Essex CM3 3HS
T: 01245 467 588 | E: admin@newhallschool.co.uk | W: newhallschool.co.uk

Catholic independent boarding and day school (3-18) | Principal: Mrs Katherine Jeffrey MA(Oxon) PGCE BA(Div) MA(EdMg) NPQH
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CONSENT FORM

Use of Emergency Salbutamol Inhaler
Student showing symptoms of asthma/having an asthma attack

- I can confirm that my child has been diagnosed with asthma and has a prescribed reliever inhaler.
- My child has a working, in date inhaler, clearly labelled and has been advised to keep it with them at all times.
- In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable.

I, (Name of Parent/Guardian)	
Of (permanent address)	
Hereby give consent* to my son/daughter (full name and date of birth)	

*To receive Salbutamol from an emergency inhaler held by the school for such emergencies. I also consent for the Health Centre medical team (Paramedic/EMT) to administer emergency drugs if deemed necessary within their guidelines.

Signature of Parent /Guardian	
Date	

Or, if not wishing to consent -

I do not give my consent to the above	Please tick BOX <input style="float: right;" type="checkbox"/>
Signed	
Date	
Print Name	

Please return completed forms to:

The Health Centre, New Hall School, The Avenue, Boreham, Chelmsford, Essex CM3 3HS or by email via: healthcentre@newhallschool.co.uk