



ST AUGUSTINE'S SCHOOL

Thursday 9th October 2025

Dear Parents and Carers,

We are currently reviewing our information held in school around those students who are diagnosed with asthma alongside our asthma policy. Please would you update the information regarding your child so we can ensure our school records are accurate. Our updated asthma policy means we will have an emergency salbutamol reliever inhaler on site. This is a precautionary measure. You still need to provide your child with their own inhaler and spacer as prescribed. If you do not wish for us to use the schools' inhaler in an emergency, then please indicate below.

Please note that everyone with asthma should use a spacer with their inhaler to deliver maximum benefit to the lungs (unless your child has a breath actuated inhaler). Children who use breath actuated inhalers can still use the emergency salbutamol inhaler and spacer within school if needed in an emergency. If your child does not have a spacer or has not had an asthma review in the past 12 months, please book an appointment with your GP as soon as possible. At the annual asthma review, your child should receive a Personal Asthma Action Plan, please provide a copy of this plan to school so they can safely care for your child and understand their asthma management.

For more information on reasons for and how to use a spacer and about Personal Asthma Action Plans please see the HNY Healthier Together Website. Please complete the information below and return to school as soon as possible. If your child does not have a diagnosis of Asthma but has regular wheeze -please consult their GP as soon as possible to discuss if it could be Asthma.

Yours sincerely,

Kind Regards

Trish Clay
Assistant Headteacher
Inclusion & SENDCo

**St Augustine's Voluntary
Catholic Academy**

Sandybed Lane,
SCARBOROUGH. YO12 5LH

Tel. 01723 363280
Email. admin@sasyorks.org
www.sasyorks.org

Interim Headteacher

Miss R Flanagan

CEO

Mrs R McEvoy



@StAugustinesSchoolScarborough



- I confirm that my child has been diagnosed with asthma ☐
- I confirm my child has been prescribed an inhaler ☐
- My child has a working, in-date inhaler and spacer clearly labelled with their name, which they will have with them at school every day ☐
- I have provided school with a spare inhaler for my child's use only ☐
- I have provided a copy of my child's Personal Asthma Action Plan ☐
- Please tick if you **DO NOT** wish the school to use the schools' inhaler in an emergency ☐

Signed: _____

Date: _____

Name: _____

Relationship to Child: _____

Child's Name: _____

Year Group/Form: _____