



St Martin's Garden Primary School

Head teacher: Mr.Keith Ford

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Dear Parent/s

You have indicated that your child has an asthmatic condition. Could you please complete the slip below with the information required for our records and return this to the school office.

We also need your permission if your child is to use an inhaler in school. Could you please complete and return the attached Indemnity Form to the school office as soon as possible with up-to-date information regarding your child's medical condition.

Yours sincerely

Margaret Edwards
Admin Assistant

Medication Information Regarding Asthmatic Condition

Child's Name _____ Class _____

- My child does not need to have an inhaler in school
- My child has an inhaler in school and I attach a completed Indemnity Form
- My child knows how to use the inhaler and will self- administer
- My child will need help to use the inhaler
- I confirm that my child's inhaler is in date

Signed _____ (Parent/Carer) Date _____

P:\Health & Safety\Asthma letter

