



Threemilestone School

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Dear Parents and Carers

ASTHMA AND ALLERGY REGISTER

We understand from our records that your child suffers from Asthma and/or an Allergy. Please could you complete and return the slip below in order that we can place them on our Asthma and Allergy Register.

We have an asthma inhaler in our medical room for use in emergencies, but we need your permission to use it if necessary. We would use this inhaler only as a last resort if we cannot contact you to obtain the child's regular medication.

Please can you ensure that your child has a spare inhaler (and spacer if required), epi-pen or other allergy medication in school at all times. This will be kept securely in the classroom for your child's use should they need it, and will be taken on school trips. Please ensure that it labelled clearly with your child's name.

Yours sincerely

Mr Mark Lees
Headteacher



ASTHMA AND ALLERGY REGISTER

Name of child

Type of allergy (please tick)

Asthma

Other (please state nature of the allergy)

Prescribed asthma inhalers or other medication used for allergy

Yes I give permission for my child to use an emergency inhaler

No I do not give permission for my child to use an emergency inhaler

Signed

Date.....

