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Fairisle Junior School

Fairisle Road
Southampton
SO16 8BY

 02380 733415

 info@fjslive.net

Headteacher: Mr Robin Hayes
Chair of Governors: Mrs Nikki Webb

Tuesday 15th September 2026

Asthma Letter

Dear Parents and Carers,

We are currently updating our procedures regarding asthma management at school to ensure we comply with new statutory guidance around allergies and anaphylaxis. This includes asthma. Moving forward, children who require an asthma inhaler will be expected to carry their own named inhalers with them during the school day. They will also be expected to record each time they use their inhaler. We will provide bum bags for these children to allow them to carry them around easily.

To ensure every child's safety, we must have up-to-date medical records. We need to confirm who currently requires an inhaler. This is so that we do not miss any children who need to carry an inhaler or include children who no longer have active asthma or no longer require treatment.

If your child has asthma and has an inhaler in school, you do not need to do anything. We will issue your child with their inhaler and talk to them about what they need to do.

If your child has a new diagnosis of asthma and needs an inhaler, please bring this into the office and update their medical information.

If your child had asthma but no longer needs their inhaler, please take a moment to complete the brief form below and return it to the main office by **Monday 21st September**. A paper copy of this letter has also been sent home and copies are available from the office.

Should your child's medical needs change at any point during the school year, please contact the school office immediately.

If you have any questions, please contact me and I will be happy to help. Thank you for your cooperation in keeping our children safe and healthy.

Kind Regards,

Abi Saunders
Assistant Headteacher



Asthma Management Confirmation Form

- **Child's Full Name:** _____

- **Class/Year Group:** _____

My child no longer has asthma. They no longer require an inhaler, and any previous asthma diagnosis is no longer active.

- **Parent/Carer Name:** _____

- **Parent/Carer Signature:** _____

- **Date:** _____

Please return this form to the office by Monday 21st September 2026.