School Asthma Card

Child's name	To be filled in by the parent/carer							
	Child's name							
Date of birth DD MM YYY								
Address								
Parent/carer name	-'s							
Telephone – home Telephone –								
mobile								
Email								
Doctor/nurs name	e's							
Doctor/nurs telephone	e's							
once a year and remember to update or exchange it for a new one if your child's treatment changes during the year. Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.								
For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.								
Medicine			Parent/carer's signature					
						ire ———		
						ire		
If the school for use in e use this. Parent/carer	mergenc	ies, I give _I	oermi			acer		
for use in e use this.	mergenc	ies, I give _I	oermi	ssion fo	r my chi	acer		
for use in e use this. Parent/caren	mergenc	ies, I give _I	D [ssion fo	r my chi	acer ld to		
for use in e use this. Parent/caren	mergenc 's signatu of medici	ies, I give _I re nes	D [ssion fo	my chi	acer ld to		
for use in e use this. Parent/caren	mergenc -'s signatu of medici Expiry	nes Date chec	D	ssion fo	my chi	acer ld to		

What signs can indicate that your child is having an asthma attack					
Does your child tell you when he	/she needs medicine?				
Yes No					
Does your child need help taking	his/her asthma medicines?				
Yes No					
What are your child's triggers (th	nings that make their				
asthma worse)? Pollen	Stress				
Folieti	Stress				
Exercise	Weather				
Cold/flu	Air pollution				
If other please list					
Does your child need to take any	other asthma medicines				
while in the school's care?					
Yes No					
If yes please describe below					
Medicine	How much and when taken				
Medicille	How much and when taken				
Medicifie	now much and when taken				

Dates card checked

Date	Name	Job title	Signature / Stamp

To be completed by the GP practice

What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any asthma questions? Call our friendly helpline nurses 0300 222 5800

(9am - 5pm; Mon - Fri)

www.asthma.org.uk

