School Asthma Card

| To be filled in by the | parent/care | r | | |
|--|--|--------------------------|--|--|
| Child's name | | | | |
| | | | | |
| Date of birth | | | | |
| Address | | | | |
| | | | | |
| Parent/carer's name | | 1 | | |
| Telephone - home | | | | |
| Telephone - mobile | | | | |
| Email | | | | |
| Doctor/nurse's name | | | | |
| Doctor/nurse's telephone | | | | |
| once a year and re a new one if your of year. Medicines sho name and kept in an Reliever treatme For shortness of bro wheeze or cough, g | member to child's trea ould be clea greement v nt when n eath, sudde ive or allow fter treatm | eed my inth t | ed thtness in the chest, child to take the and as soon as they feel | |
| Medicine | | Parent/carer's signature | | |
| | | | | |
| Expiry dates of medic | ines checked | 1 | | |
| Medicine | Date chec | ked | Parent/carer's signature | |
| THE PROPERTY OF THE PROPERTY O | | | | |
| What signs can indicat | te that your | child | is having an asthma attack | |
| | | | | |
| Parent/carer's signatu | re | D | ate | |
| | | | | |

| Does your child tell you when he | * | | | | |
|---|----------------------------------|--|--|--|--|
| Does your child need help taking his/her asthma medicines? Yes No | | | | | |
| What are your child's triggers (things that make their asthma worse)? | | | | | |
| | | | | | |
| Does your child need to take med Yes No If yes, please describe below | licines before exercise or play? | | | | |
| Medicine | How much and when taken | | | | |
| | | | | | |
| 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 | | | | |
| resisting | riow mach and when taken | | | | |
| | | | | | |

Dates card checked by doctor or nurse

| Date | Name | Job title | Signature |
|------|------|-----------|-----------|
| | | | |
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What to do if a child is having an asthma attack

- Help them sit up straight and keep calm.
- Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 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
 - o you're worried at any time.
- 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