School Asthma Card

| To be filled in | by the pa | arent/carer | | | | |
|-----------------------------------------------------------|-------------------------|---------------------------|--------------------------|--------------------------|-----------------------|--------------------|
| Child's name | | | | | | |
| | | | | | | |
| Date of birth | D D | MM | Y | Υ | | |
| Address | | | | | | |
| | | | | | | |
| Parent/carer name | 's | | | | | |
| Telephone - home | | | | | | |
| Telephone - mobile | | | | | | |
| Email | | | | | | |
| Doctor/nurs name | e's | | | | | |
| Doctor/nurs telephone | e's | | | | | |
| This card is once a year a new one i year. Medic | r and ren if your ch | nember to nild's treat | upda tmen | ate or o | exchange ges durii | e it for ng the |
| your child's policy. | name an | ıd kept in a | gree | ment v | vith the s | chool's |
| For shortne wheeze or o medicines to better they | cough, he elow. Af | lp or allow ter treatm | my o | child to nd as s | take the | |
| Medicine | | | Parent/carer's signature | | | |
| | | | | | | |
| If the school for use in e use this. Parent/carer | mergenc | ies, I give p | ermi | | | |
| | | | | D | MM | YY |
| Expiry dates | of medici | nes | | | | |
| Medicine Expiry Date of | | Date chec | ked | Parent/carer's signature | | |
| | | | | | | |
| Parent/carer | 's signatu | re | D | ate | | |
| | 0 .5.24 | | | | | |
| | | | Г | ם מ | MM | VV |

| What signs can indicate that your child is having an asthma at | | | | | | | | |
|---------------------------------------------------------------------------|--------------------------|--|--|--|--|--|--|--|
| 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 (things that make their | | | | | | | | |
| asthma worse)? | | | | | | | | |
| Pollen 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 | Harrish and rib as tales | | | | | | | |
| Medicine How much and when taker | How much and when taken | | | | | | | |
| | • | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Dates card checked | | | | | | | | |
| Dates card checked Date Name Job title Signature / Stam | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

