



'Loving God in all we do'

St Anne's Catholic Primary

Asthma Card

September 2025

To be completed by parent/carer

Child's name:

Date of birth:

Address:

Contact Name & Mobile:

Reliever treatment when needed

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.

Inhaler Name	Dosage	Timing	Expiry Date

Does your child say when they need their inhaler?

Yes ☐

No ☐

Does your child need help taking their inhaler?

Yes ☐

No ☐

What are your child's triggers (things that make their asthma worse)?

Pollen ☐

Stress ☐

Exercise ☐

Weather ☐

Flu/Cold ☐

Other

In the case of an emergency another children's identical inhaler will be used.

Parent/carer's signature:

Relation to child:

Date:

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