School Asthma Card

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To be filled in by t	he parent/car	er						
Child's name			1 1 1	1 1	1			
		1 1 1		1 1	i			
Date of birth					,			
Address				1 1				
			+ + +	-				
Parent/carer's name								
Telephone – hom	е							
Telephone – work	('							
Telephone – mob	ile			1 1				
Doctor/nurse's na	ame		 	1 1				
Doctor/Nurse's				1				
telephone This card is for y								
Reliever treatment when needed For wheeze, cough, shortness of breath or sudden tightness in the chest, give or allow my child to take the medicines below. After treatment and as soon as								
they feel bette	er they can re	turn to nor	mal activ	ity.				
Medicine		Parent	Parent/carer's signature					
Expiry dates o	of medicines ch	necked						
Medicine	Date chec	ked	Parent/c	arer's s	ignatu			
What signs can indicate that your child is having an asthma attack								
	·							
Parent/carer's signature Date								
					ı			

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)?						
Does your child need to take medicines before exercise or play? Yes No If yes, please describe below						
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					

Dates card checked by doctor or nurse

Date	Name	Job title	Signature

What to do in an asthma attack

- 1 Make sure the child takes one to two puffs of their reliever inhaler, (usually blue) preferably through a spacer
- 2 Sit the child up and encourage them to take slow steady breaths
- 3 If no immediate improvement, make sure the child takes two puffs of reliever inhaler, (one puff at a time) every two minutes. They can take up to ten puffs
- 4 If the child does not feel better after taking their inhaler as above, or if you are worried at any time, call 999 for an ambulance. If an ambulance does not arrive within ten minutes repeat step 3.

The Asthma UK Helpline - Here when you need us 0800 121 62 44 www.asthma.org.uk/helpline 9am-5pm, Monday-Friday

www.asthma.org.uk

