

# School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone – home

Telephone – mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines should be clearly labelled with your child's name and kept in agreement with the school's policy.

## Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, give 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 |
|----------------------|--------------------------|
| <input type="text"/> | <input type="text"/>     |

## Expiry dates of medicines checked

| Medicine             | Date checked         | Parent/carer's signature |
|----------------------|----------------------|--------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/>     |

What signs can indicate that your child is having an asthma attack?

Parent/carer's signature

Date

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 |
|----------------------|-------------------------|
| <input type="text"/> | <input type="text"/>    |

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 |
|----------------------|-------------------------|
| <input type="text"/> | <input type="text"/>    |

## Dates card checked by doctor or nurse

| Date                 | Name                 | Job title            | Signature            |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

## 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**