School Asthma Card

To be filled in by the parent/carer		
Child's name		
Date of birth DD MM YY		
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 and spacers 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, 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.

Medicine	Parent/carer's signature

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature

DD	ΜΜ	YY

Date

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature

Parent/carer's signature

Jale		
DD	MM	YY

ASTHMA QUESTIONS?

Ask our respiratory nurse specialists Call **0300 222 5800** WhatsApp **07<u>378 606 728</u>**

(Monday-Friday, 9am-5pm) AsthmaAndLung.org.uk Does your child tell you when they need medicine?

Yes
No

Does your child need help taking their asthma medicines?

Yes
No

Yes
No

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

Pollen
Stress

Exercise
Weather

Cold/flu
Air pollution

If other please list

What signs can indicate that your child is having an

Does your child need to take any other asthma medicines while in the school's care?

Yes No

asthma attack?

If yes please describe

Medicine	How much and when taken

Dates card checked

Bates dal a checked			
Date	Name	Job title	Signature / Stamp
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To be completed by the GP practice

Actions to take if a child is having an asthma attack

- 1. Help them to sit up don't let them lie down. Try to keep them calm.
- 2. Help them take one puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs.
- 3. If they don't have their reliever inhaler, or it's not helping, or if you are worried at any time, **call 999 for an ambulance.**
- 4. If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2.
- 5. If their symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**



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