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Asthma Card

School

To be filled in by the parent/carer

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

Does your child tell you when he/she needs medicine?

Child’s name Yes No

Does your child need help taking his/her asthma medicines?

Date of birth D D M M Y Y Yes No

Address

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

Parent/carer’s name

Telephone – home

Telephone – mobile

Email

Doctor/nurse’s name

Pollen

Exercise

Cold/flu

If other please list

Stress

Weather

Air pollution

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**

I

|  |  |
| --- | --- |
| Medicine | Parent/carer’s signature |
|  |  |

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.

|  |
| --- |
| 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 Date |
|  |  |  |
|  |

Expiry dates of medicines

|  |  |  |  |
| --- | --- | --- | --- |
| Medicine | Expiry | Date checked | Parent/carer’s signature |
|  |  |  |  |

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| --- |
| Parent/carer’s signature Date |
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|  |
| --- |
| 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** |
|  | Date | Name | Job title | Signature Stamp |  |
|  |  |  |  |
|  | **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**

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