## School Asthma Card

To be filled in by the parent/carer

| Date of birth  | D D                                  | MM  | YY   |                                   |                            |
|--|--------------------------------------|---|--|-----------------------------------|----------------------------|
| Address  |                                      |   |  |                                   |                            |
|  |                                      |   |  |                                   |                            |
| Parent/carer name  | -'S                                  |   |  |                                   |                            |
| Telephone - home   |                                      |   |  |                                   |                            |
| Telephone – mobile   |                                      |   |  |                                   |                            |
| Email  |                                      |   |  |                                   |                            |
| Doctor/nurs name   | e's                                  |   |  |                                   |                            |
| Doctor/nurs telephone  | e's                                  |   |  |                                   |                            |
| a new one year. Medic your child's policy.                                 | <b>if your cl</b><br>cines and       | <b>hild's treat</b><br>spacers sh         | ment ch<br>ould be                               | <b>anges duri</b><br>clearly labe | <b>ng the</b><br>lled with |
| Reliever to<br>For shortnes<br>wheeze or of<br>medicines to<br>better they | ess of bre<br>cough, he<br>below. Af | ath, sudder<br>lp or allow<br>ter treatme | n tightne<br>my child<br>ent and a<br>al activit | to take the<br>s soon as th<br>y. | e<br>ney feel              |
| Medicine   |                                      |   | Parent/c   | arer's signat                     | ure                        |
|  |                                      |   |  |                                   |                            |
|  |                                      |   |  |                                   |                            |
| If the school for use in e use this. Parent/care                           | mergenc                              | ies, I give p                             |  |                                   |                            |
| for use in e use this.   | mergenc                              | ies, I give p                             | ermissio   |                                   |                            |
| for use in e use this.   | mergenc                              | ies, I give p                             | ermissio   | n for my ch                       |                            |
| for use in e<br>use this.<br>Parent/care                                   | mergenc                              | ies, I give p                             | Date D D   | n for my ch                       | Y Y                        |
| for use in e use this. Parent/caren  Expiry dates                          | mergenc 's signatu                   | ies, I give p re nes                      | Date D D   | n for my ch                       | Y Y                        |
| for use in e<br>use this.<br>Parent/caren                                  | mergenc r's signatu of medici Expiry | nes  Date check                           | Date D D   | n for my ch                       | Y Y                        |

| What signs can indicate that your child is having an asthma attack?   |                           |  |  |  |  |  |
|---|---------------------------|--|--|--|--|--|
|   |                           |  |  |  |  |  |
|   |                           |  |  |  |  |  |
|   |                           |  |  |  |  |  |
|   |                           |  |  |  |  |  |
| 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)? |                           |  |  |  |  |  |
| Pollen  | Stress                    |  |  |  |  |  |
| Exercise  | Weather                   |  |  |  |  |  |
|   |                           |  |  |  |  |  |
| Cold/flu Air pollution  |                           |  |  |  |  |  |
| If other please list  |                           |  |  |  |  |  |
|   |                           |  |  |  |  |  |
|   |                           |  |  |  |  |  |
|   |                           |  |  |  |  |  |
| Does your child need to take a  | ny 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 Jo  | b 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.
- 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

