## School Asthma Card

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 wit 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	To be filled in	by the pa	arent/carer					
Parent/carer's name Telephone - home Telephone - mobile Email Doctor/nurse's name Toctor/nurse's name Doctor/nurse's name Telephone This card is for your child's school. Review the card at lea 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  Date  Expiry dates of medicines  Medicine Expiry Date checked Parent/carer's signature	Child's name							
Parent/carer's name Telephone - home Telephone - mobile Email Doctor/nurse's name Toctor/nurse's name 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  To nuse 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								
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 lea 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 fee 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  Date  Expiry dates of medicines  Medicine Expiry Date checked Parent/carer's signature	Date of birth	D D	MM	Y	Υ			
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 lea 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  Date  Expiry dates of medicines  Medicine  Expiry Date checked  Parent/carer's signature	Address							
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 lea 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  Date  Expiry dates of medicines  Medicine  Expiry Date checked  Parent/carer's signature								
Telephone – mobile  Email  Doctor/nurse's name  Doctor/nurse's letelphone  This card is for your child's school. Review the card at lead 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  Parent/carer's signature  Expiry dates of medicines  Medicine  Expiry Date checked  Parent/carer's signature		's						
mobile  Email  Doctor/nurse's name  Doctor/nurse's telephone  This card is for your child's school. Review the card at leasonce 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  Parent/carer's signature  Expiry dates of medicines  Medicine  Expiry Date checked  Parent/carer's signature								
Doctor/nurse's name Doctor/nurse's telephone  This card is for your child's school. Review the card at lea 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 wit 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  Date  Expiry dates of medicines  Medicine  Expiry  Date checked  Parent/carer's signature								
Doctor/nurse's telephone  This card is for your child's school. Review the card at lead 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  Parent/carer's signature  Expiry dates of medicines  Medicine  Expiry Date checked  Parent/carer's signature	Email							
This card is for your child's school. Review the card at lea 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  Parent/carer's signature  Expiry dates of medicines  Medicine  Expiry Date checked  Parent/carer's signature		e's						
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  Date  Expiry dates of medicines  Medicine  Expiry Date checked  Parent/carer's signature		e's						
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  Date  Expiry dates of medicines  Medicine  Expiry  Date checked  Parent/carer's signature	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							
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	medicines below. After treatment and as soon as they feel							
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	Medicine			Pare	nt/care	er's signati	ure	
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								
Medicine Expiry Date checked Parent/carer's signatur	for use in emergencies, I give permission for my child to use this.							
Medicine Expiry Date checked Parent/carer's signatur								
Medicine Expiry Date checked Parent/carer's signatur					D	MM	ΥΥ	
Medicine Expiry Date checked Parent/carer's signatur	Expiry dates of medicines							
				<del>ked</del>	Parer	nt/carer's :	signature	
Parent/carer's signature Date							-	
Parent/carer's signature Date								
	Parent/carer	<del>'s signatu</del>	re	Đ	<del>ate</del>			
						B.4 B.4	VV	

What signs can indicate that your child is having an asthma attack?								
gind details								
Does you	r child tell you wl	hen 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								
Exe	rcise		Weather					
Cold/flu Air pollution								
If other please list								
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								
Date	Name	Jobt	itie	Signature / Stamp				

## To be completed by the GP practice

## What to do if a child is having an asthma attack

- 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

