School Asthma Card

To be filled in by the parent/carer		Does yo	ur child tell you v	when he/she nee	ds medicine?		
Child's name		Yes	Yes No				
		Does yo	ur child need hel	lp taking his/her a	asthma medicines?		
Date of birth DD MM	YY	Yes	No				
Address		asthma		ggers (things that			
Parent/carer's		Ex	ercise	Weat	ther		
Telephone – home		Co	old/flu	Air po	ollution		
Telephone – mobile		If other	please list				
Email							
Doctor/nurse's							
Doctor/nurse's				ake any other as	thma medicines		
This card is for your child's sch once a year and remember to a new one if your child's trea year. Medicines and spacers s your child's name and kept in a policy.	tment changes during the hould be clearly labelled with	Yes	the school's care No ease describe ne		uch and when taken		
Reliever treatment when n	eeded						
For shortness of breath, sudde	en tightness in the chest,		ard checked				
wheeze or cough, help or allov medicines below. After treatm better they can return to norm	nent and as soon as they feel	Date	Name	Job title	Signature / Stamp		
Medicine	Parent/carer's signature						
		To be co	ompleted by th	ne GP practice			
If the school holds a central re for use in emergencies, I give J use this.				to do if a c an asthma			
Parent/carer's signature	Date		-	ight and keep calı			
		every	y 30-60 seconds,	, up to a maximun	er inhaler (usually blue) n of 10 puffs.		
			999 for an ambui		v're using their inhaler –		

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature

	Any asthma questions?
	Call our friendly helpline nurses
a K	0300 222 5800
	(Monday-Friday, 9am-5pm)
	www.asthma.org.uk

this could be a cough, breathlessness, wheeze, tight chest or

sometimes a child will say they have a 'tummy ache'

4 You can repeat step 2 if the ambulance is taking longer than

• they don't feel better after 10 puffs

asthm

• you're worried at any time.

15 minutes.

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

Parent/carer's signature	Date		
	DD	ММ	YY

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