

Parent/carer's signature Date

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What signs can indicate that you child is having an attack?

Medicine	Date checked	Parent/carer's signature

Expiry dates of medicine checked

Medicine	Parent/carer's signature

Reliever treatment when needed
 For wheeze, cough, shortness or breath or sudden tightness in the chest, give or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Dates card checked by doctor or nurse

Date	Name	Job Title	Signature

What to do in an asthma attack

1. Make sure the child takes two puffs of their reliever (blue) inhaler, preferably through a spacer.
2. Sit the child up and ensure any tight clothing is loosened.
3. If no immediate improvement during an attack, make sure the child continues to take one puff of reliever inhaler every minute for five minutes or until their symptoms improve.
4. If the child's symptoms do not improve in five minutes—or if you are in doubt- call 999 or a doctor urgently.

Medicine	How much and when taken

If yes, please describe below

Does your child need to take any other asthma medicines while in school's care Yes No

Medicine	How much and when taken

If yes, please describe below

Does your child need to take any medication before exercise or play? Yes No

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

Does your child need help taking his/her medicine? Yes No

Does your child tell you when he/she needs medicine? Yes No

School Asthma Card



To be filled in by the parent/carer

Child's name _____

Date of birth _____

Address _____

Parent/carer's name _____

Tel—home _____

Tel—work _____

Tel—mobile _____

Doctor/nurse's name _____

Doctor/nurse's tel _____

This card is to enable a school first aider to administer treatment for Asthma. The card should be reviewed at least one a year and updated if there are any changes to their treatment. Medicines should be clearly labelled with your child's name and are kept in agreement with our medicine policy.