School **Asthma Card**

Date of birt	· r	7			
	h [
Address					
Parent/care	er's				
Telephone - nome	- [
Telephone - mobîle					
Email					
Doctor/nurs	se's				
Doctor/nurs elephone	se's				
	for you	r child's sc	hool. Rev	iew the car	d at leas
Reliever t oor shortne Wheeze or o	ess of bro	eath, sudd elp or allo	en tightn w my chil	ess in the ch	9
Keliever t oor shortne Wheeze or dedicines t	ess of bre cough, h pelow. A	eath, sudd elp or allo fter treatn	en tightne w my chile nent and :	d to take the	9
Reliever t oor shortne or shortne wheeze or o nedicines t	ess of bre cough, h pelow. A	eath, sudd elp or allo fter treatn	en tightnow w my chilo nent and : mal activit	d to take the	e hey feel
Reliever to or shortne wheeze or one dicines to etter they	ess of bre cough, h pelow. A	eath, sudd elp or allo fter treatn	en tightnow w my chilo nent and : mal activit	d to take the as soon as t :y.	e hey feel
vheeze or o nedicines t etter they	ess of bre cough, h pelow. A	eath, sudd elp or allo fter treatn	en tightnow w my chilo nent and : mal activit	d to take the as soon as t :y.	e hey feel
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teliever to or shortne /heeze or onedicines to etter they Medicine the school or use in erse this.	ess of brecough, ho cough, ho can retu bl holds a mergenc	eath, sudd elp or allor fter treath urn to norr 	en tightne w my child nent and a nal activit Parent/o	d to take the as soon as to as soon as to	e hey feel ure acer
Reliever to or shortney heeze or onedicines to etter they Medicine f the school or use in erse this, arent/carer	ess of brecough, he cough, he can return the can re	eath, sudd elp or allo fter treatn irn to norr a central re ies, I give	en tightne w my child nent and a nal activit Parent/o	d to take the as soon as to as soon as to	e hey feel ure acer
Reliever to or shortne wheeze or one dicines to etter they Medicine	ess of brecough, he cough, he can return the can re	eath, sudd elp or allo fter treatn irn to norr a central re ies, I give	en tightnew my chilenent and mal activities Parent/c	d to take the as soon as to as soon as to	e hey feel ure acer ild to

What si	gns can indicate	that your child	d is having an asthma attack?		
Does vo	our child tell you	when he/she n	peds madicina?		
∏Yes		When the/shie i	recus inedicine:		
—	لسا	ما/ داما حمادات الم			
		ip taking nis/n	er asthma medicines?		
Yes What ar	—		L_L_1_1_1		
asthma	e your child's tri worse)?	88er à trimi82 r	nat make their		
Po	illen	Str	ress		
ПЕХ	ercise	□w	eather		
— — -					
	old/flu 	∐ Air	Air pollution		
If other	please list				
	7.				
L		-			
Does voi	ir child need to t	ake anv other	asthma medicines		
	the school's care		astrina medicines		
Yes	N₀				
# <u>\$250,500,000</u>	ase describe				
Medicir	ne	How	much and when taken		
Dates c	ard checked Name	Job title	Signature / Stamp		
		30000	Signature / Stamp		
lo be co	mpleted by the	e GP practice	}		
•	What t	o do if a	child is		
	having a	n asthm	a attack		
	hem sit up straig		8		
Help t every	hem take one pu 30-60 seconds, i	itt of their relie up to a maximu	ever inhaler (usually blue) um of 10 puffs.		
Call 9	99 for an ambula	ance if:			
a thei					
this	could be a cough	, breathlessne	ey're using their inhaler – ess, wheeze, tight chest or e a 'tummy ache'		

- - 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

(Monday-Friday, 9am-5pm)

www.asthma.org.uk