## School

AStillia C	.aru						
To be filled in by the	parent/carer						
Child's name			1 1 1				
			1 1 1				
Date of birth							
Address			1 1 1				
	1 1 1		1 1 1				
	1 1 1		1 1 1				
Parent/carer's name							
Telephone – home							
Telephone – work							
Telephone – mobile							
Doctor/nurse's name	e						
Doctor/Nurse's			1 1				
telephone							
a new one if your child's treatment changes during the year. Medicines should be clearly labelled with your child's name and kept in agreement with the school's policy.  Reliever treatment when needed For wheeze, cough, shortness of 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.  Medicine  Parent/carer's signature							
Expiry dates of m	edicines che	cked					
Medicine	Date checke		Parent/ca	rer's signature			
Medicine	Date checke	Dute effected		er s signature			
What signs can indi	cate that you	r child is h	naving an a	sthma attack?			
Parent/carer's sig	gnature	Date					

Yes No	he/she needs medicine?					
Does your child need help taking his/her asthma medicines?						
Yes No						
What are your child's triggers asthma worse)?	(things that make their					
Does your child need to take medicines before exercise or play?  Yes No  If yes, please describe below						
Medicine	How much and when taken					
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 by doctor or nurse

Date	Name	Job title	Signature	

What to do in an asthma attack

- 1 Make sure the child takes one to two puffs of their reliever inhaler, (usually blue) preferably through a spacer
- 2 Sit the child up and encourage them to take slow steady breaths
- 3 If no immediate improvement, make sure the child takes two puffs of reliever inhaler, (one puff at a time) every two minutes. They can take up to ten puffs
- 4 If the child does not feel better after taking their inhaler as above, or if you are worried at any time, call 999 for an ambulance. If an ambulance does not arrive within ten minutes repeat step 3.

The Asthma UK Helpline - Here when you need us 0800 121 62 44 www.asthma.org.uk/helpline 9am-5pm, Monday-Friday

## www.asthma.org.uk



Office Use: SIMS ....., Wallet ...., File ...., PE ...., Trip....,