

School Asthma Card

To be filled in by the parent/carer

Son's Name		Date of birth	/	/
Address				
Parent/carer's name	Telephone - home			
Telephone - work	Telephone - mobile			
Doctor/nurse's name	Doctor/nurse's telephone			

This card is for your son's school. Review the card at least once a year and remember to update or exchange it for a new one if your son's treatment changes during the year. Medicines should be clearly labelled with your son's name and kept in agreement with the school policy.

Reliever treatment when needed

For wheeze, cough, shortness or breath or sudden tightness in the chest, give or allow my son 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 medicines checked

Medicine	Date Checked	Parent/carer's signature

What signs can indicate that your son is having an attack?

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Does your son tell you when he/she needs medicine?

YES	NO
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Does your son need help taking his/her asthma medicine?

YES	NO
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What are your son's triggers (things that make their asthma worse)?

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Does your son need to take any medicines before exercise/play?

YES	NO
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If yes, please describe below

Medicine	How much and when taken?

Does your son need to take any other asthma medicines while in the school's care?

YES	NO
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If yes, please describe below

Medicine	How much and when taken?

Dates card checked by doctor or nurse

Date	Name	Job title	Signature

Parent/carer's signature

Date / /
