School
Asthma Card

To be filled in by the parent/carer

Child'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 child's school. **Review the card at least once a year and remember to update or exchange it for 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 medicines checked

Medicine	Date Checked	Parent/carer's signature

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

Parent/carer's signature Date

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

Yes No

Does your child need help taking his/her asthma medicines?

Yes No

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

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 medicines while in the school's care? Yes No

If yes, please describe below

Medicine	How much and when taken

Details of Asthma check-ups

Date	Doctor's Name	Surgery