College Road Primary School
Asthma Card

Child's name ..... Date of birth .....

Address .....

Parent / Carer's Name .....

Home phone no. ..... Mobile no. .....

Email .....

Doctor / Nurse's name ..... Phone .....

Review this card once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.

Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's asthma policy.

Reliever treatment when needed

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

Name of medicine .....

Dosage and method .....

Expiry Date .....

The school holds a central reliever inhaler and spacer for use in emergencies. I give permission for my child to use this.

Parent/Carer signature ..... Date .....

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

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-Does your child tell you when they need medicine? Yes / No

-Does your child need help taking their asthma medicine? Yes / No

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

Pollen Exercise Cold/Flu Stress Weather Air Pollution

Other (please specify) .....

-Does your child need to take any other asthma medicine while in the school's care? Yes / No

If yes please specify .....

Parent / Carer Signature ..... Date .....