

Dates card checked

Date	Name	Job title	Signature / Stamp

To be completed by the GP practice

What to do if a child is having an asthma attack

- 1 Sit them upright. Be calm and try to reassure them. Do not leave them alone.
- 2 Give 1 puff of their BLUE reliever inhaler every 30-60 seconds, you can give up to 10 puffs. Use a spacer if available.
- 3 If their symptoms do not improve, get worse or the child starts to turn blue around the lips, call 999 for an ambulance. Tell the operator the child is having an asthma attack.
- 4 Continue to give 1 puff of reliever inhaler every 30-60 seconds until help arrives.

Aberdeen: 01224 973001

Glasgow: 01415 010539 | **Edinburgh:** 01316 090264

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School Asthma Card



To be filled in by the parent/carer

Child's name

Date of birth

D	D	M	M	Y	Y
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Address

Parent/carer's
name

Telephone -
home

Telephone -
mobile

Email

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

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

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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)?

Pollen Stress
 Exercise Weather
 Cold/flu Air pollution

If other please list

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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

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.

Medicine	Parent/carer's signature

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

Parent/carer's signature _____ Date _____

	D	D	M	M	Y	Y
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Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature

Parent/carer's signature _____ Date _____

	D	D	M	M	Y	Y
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