

## Hanging Heaton C of E (VC) J & I School Asthma Card Appendix 3

Review this card at least once a year and remember to update it or exchange it for a new one if your child's treatment changes during the year and when new medication is needed. Medicines/spacers should be clearly labelled with your child's name and kept in line with the school's policy.

Child's Name

Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parent/carer's name. \_\_\_\_\_  
 \_\_\_\_\_

Telephone home \_\_\_\_\_

Telephone mobile \_\_\_\_\_

Email: \_\_\_\_\_

Name of doctors \_\_\_\_\_

Doctors telephone \_\_\_\_\_

**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.

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

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

Yes  No

Does your child need help taking his/her medicine?

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:

Date dispensed	Medicine	Expiry Date	Date Checked	Parent/Carer Signature

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?

I understand that I must deliver the medicine personally to Mrs Brook or Mrs Potter and give authority for my child to be administered with this medication.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship to pupil: \_\_\_\_\_