

Crosscrake CE School Asthma Card

This card is for your child's school. **Review it 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 and procedures on managing asthma.

Child's name:		Date of birth:									
Child's address:											
Parent/carer name:		Home tel. no.:									
Email address:		Mobile tel. no.:									
Doctor/nurse's name:		Doctor/nurse tel. no.:									
Reliever treatment when needed: For shortness of breath, sudden tightness in the chest, wheezing, or coughing, help or allow my child to take the medicines below. After treatment and as soon as they feel better, they can return to normal activities.		Signs that my child is having an asthma attack:									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Medicine</th> <th style="width: 50%;">Parent signature</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>		Medicine	Parent signature			Triggers that can make my child's asthma worse include: Pollen ☐ Stress ☐ Other (please list): Exercise ☐ Weather ☐ Colds/flu ☐ Air pollution ☐					
Medicine	Parent signature										
If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.		My child may need to take other asthma medicines (listed below) while in the school's care: YES --- ☐ NO --- ☐									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Parent signature</th> <th style="width: 50%;">Date</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>		Parent signature	Date			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Medicine</th> <th style="width: 50%;">How much to take and when</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>		Medicine	How much to take and when		
Parent signature	Date										
Medicine	How much to take and when										
I prefer to be notified about an asthma incident using: Paper slip ☐ SMS ☐ Email ☐		My child tells me when they need medicine YES ☐ NO ☐ My child needs help taking their medicine YES ☐ NO ☐ My child should always use a spacer YES ☐ NO ☐									
Expiry dates of medicines		If my child is about to exercise or will encounter an unavoidable trigger they should (please describe the treatment plan):									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Medicine</th> <th style="width: 15%;">Expiry</th> <th style="width: 15%;">Date checked</th> <th style="width: 45%;">Parent signature</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </table>				Medicine	Expiry	Date checked	Parent signature				
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To be completed by the GP practice Dates this card has been checked / last medical review.		Actions to take if a child is having an asthma attack - Help them to sit up – don't let them lie down. Try to keep them calm. - Help them take one puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs. - If they don't have their reliever inhaler, or it's not helping, or if you are worried at any time, call 999 for an ambulance. - If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2. - If their symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately.									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Date</th> <th style="width: 25%;">Name</th> <th style="width: 25%;">Job title</th> <th style="width: 25%;">Signature/Stamp</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> </tr> </table>				Date	Name	Job title	Signature/Stamp				
Date	Name			Job title	Signature/Stamp						
Parent Carer's signature		Date									