**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.

I

**School Asthma Card**

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

To be filled in by the parent/carer Child’s name

Date of birth **D D M M Y Y**

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.

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

If other please list

Air pollution

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 |
|  |  |

|  |  |
| --- | --- |
| Medicine | Parent/carer’s signature |
|  |  |

**What to do if a child is having an asthma attack**

1. Help them sit up straight and keep calm.
2. Help them take one puff of their reliever inhaler (usually
 blue) every 30-60 seconds, up to a maximum of 10 puffs.
3. **Call 999 for an ambulance if:**
	* their symptoms get worse while they’re using their inhaler

 – this could be a cough, breathlessness, wheeze, tight chest
 or sometimes a child will say they have a ‘tummy ache’

* + they don’t feel better after 10 puffs
	+ you’re worried at any time.
1. You can repeat step 2 if the ambulance is taking longer than
 15 minutes.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Name | Job title | Signature / Stamp |
|  |  |  |  |

**D D M M Y Y**

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

# Any asthma questions?

## Call our friendly helpline nurses

**D D M M Y Y**

Parent/carer’s signature Date

Expiry dates of medicines

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|  |  |  |  |
| --- | --- | --- | --- |
| Medicine | Expiry | Date checked | Parent/carer’s signature |
|  |  |  |  |

**0300 222 5800**



## (9am – 5pm; Mon – Fri)

[**www.asthma.org.uk**](http://www.asthma.org.uk/)

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**Oxford High School**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Pupil’s Name** | **Time** | **Name of Medicine** | **Dose Given** | **Signature of Staff** |
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**Record of medicine administered to a pupil**