School ASTHMA Card



					a u y		
Child's na			I CIL				
Grind 3 tiel		<u> </u>	~~~~	VWW.	^^^^		
Date of b	T	7		×××××			

Address				3773V	······ /////		
Parent/car	oric T	*********	(******	00000	XX-XX-XXX	XXXXXX	
name			***	***			
Telephone home		*****			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	8.7.8.7.1.7.1	
Telephone mobile							
Email			2000000	******		0000000	
Doctor/nur	ses		\$33333	****		******	
name Doctor/nur	se's	*********	3000000	WXXX	XXXXXXX	XXXXXXXX	
telephone This cand i	s for you	rehild's sc	book	Dav			
Reliever For shortn wheeze or medicines better they	treatm ess of br cough, below, A	help or alk Hertream ratonom	en n len ti ow m lent a	entel enter ghir y ch ind a lavity	nt with ed less in ild to ta	the sch the ch ake the	est, e y feel
Medicine	and wher	required	Pare	ent/c	arer's si	gnatur	e
I give per their owr confirm th Parent/care	asthma ey do no	a treatme of require	ent a help 1	ind	equipn	nent a	l of and
				1	1		
Expiry dates	ofenorle	nac	L ******				
Medicine	Expiry	Date che	oleod	Des			
Medicine	Expiry	Date Che	ckea	Par	ent/care	ers sigi	nature
Parent/care	ssignatu	ire	D	ate			

vviidt al		HARMANIA (1831)	ridt, yOti	ECFUIC IS	naving an asthma att	ac			
						-			
	×*********	W. F. S. T. D. T.							
****	******		~ * * * * * * * * * * * * * * * * * * *			800 900			
Does yo	iur chi	ld tell you	when hi	e/she ne	êds medicine?				
Yes		No							
Does yo	urchil	d need help	e talang:	his/her a	sthma medicines?				
Yes	all trans	No							
What an	- YOUR	child's trig	gers (th	nas that	make their				
asthma	100	7							
Po	Rollen				Stress				
Ex	Exercise				Weather				
Cq	Cold/flu				Air pollution				
If other	pleas	e list.							
*********	*****	<u> </u>	<u> </u>	<u> </u>		88			
		79792979797	00000000						
		need to ta ool's care?	ke any o	41(G): 9241	ima:medicines				
Yes	-	Vio							
f ves ple		escribe bek	Tables -						
Medicine				How much and when taken					
				110111110	ich dha which taken				
		Sales Same		800000000	200000000000000000000000000000000000000	000			
Dates ca			7						
Date	Nam	ie	Job tit	le	Signature / Stamp	Stamp			
		27.53				_			
obe cor	nplet	ed by the	GP pra	ctice					
	M	/hat to	o do i	fach	ild is	min :			
		ving a							
) Helpth		up straigh							
Help th	em ta	ke one puf	f of their	reliever	inhaler (usually blue))			
every 3	30-60	seconds, up	o to a ma	ximum c	of 10 puffs.	r			
		an ambul			e using their inhalor.				

- - 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.
- You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any ASTHMA QUESTIONS Call our friendly helpline nurs 03002225800

(9am - 5pm; Mon - F

www.asthma.org.ul

