*Section A Personal Details*

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| --- |
| **CURRY RIVEL PRIMARY SCHOOL** |
| **ASTHMA CARD**This form should be used for parents to notify school when a child has asthma |
| Name of Child |  |
| Date of Birth |  |
| **Medical Condition** | **ASTHMA** |

*Section B Triggers (What things make your child’s asthma worse?)*

Pollen [ ]  Anxiety [ ]  Weather [ ]

Exercise [ ]  Stress [ ]  Heat [ ]

Cold/Flu [ ]  Excitement [ ]  Cold [ ]

Other [ ]

|  |
| --- |
|  |

*Section C Symptoms and Treatments*

*For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medication below. After treatment or as soon as they feel better they can return to normal activity.*

|  |  |
| --- | --- |
| Name of medicine held in school | Expiry Date |
|  |  |

|  |  |  |
| --- | --- | --- |
|  | **Signs of an attack** | **Treatment** |
| **Mild asthma attack** |  |  |
| **Severe asthma attack** |  |  |

*Section D Consents and Permissions*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Emergency Contact 1 | Emergency Contact 2 | Emergency Contact 3 |
| Name |  |  |  |
| Relationship |  |  |  |
| Parental Responsibility |  |  |  |
| Contact Phone number |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Name | Contact Details |
| GP |  |  |
| GP surgery |  |  |
| Hospital Link |  |  |
| Hospital |  |  |

I give consent for this information to be shared with relevant adults in the school setting [ ]

I give consent for a key information sheet to be displayed in the staffroom for all staff [ ]

I will provide school with copies of relevant medical information [ ]

I will provide school with in date, labelled prescription medication (if needed) [ ]

I will update school with any changes to my child’s medical condition [ ]

I give consent for my child to receive emergency medical treatment [ ]

I give consent for my child to be given the emergency reliever inhaler and spacer in an emergency[ ]

|  |  |  |
| --- | --- | --- |
| Signed (Parent/Carer) |  | Date |
| Signed (School representative) |  | Date |

|  |
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| **IN A MEDICAL EMERGENCY THIS FORM SHOULD BE HANDED TO THE EMERGENCY SERVICES** |