



Child's name

Date of birth

Group/class/form

Child's address

Date Asthma diagnosed

Family Contact Information

Parents/Guardians Name

Phone no. (work)

(home)

(mobile)

Name

Phone no. (work)

(home)

(mobile)

G.P.

Name

Phone no.

Clinic/Hospital Contact

Name

Phone no.

Describe how the asthma affects your child including their typical symptoms and asthma 'triggers'

Describe their daily care requirements including the name of their asthma medicine(s), how often is it used and the dose

(e.g. once or twice a day, just when they have asthma symptoms, before sport)

Describe what an asthma attack looks like for your child and the action to be taken if this occurs

Who is to be contacted in an emergency? Give three contact telephone numbers

Form copied to: (to be completed by the school asthma lead)

ADVICE FOR PARENTS

Remember:

- 1. It is your responsibility to tell the school about any changes in your child's asthma and/or their asthma medications**
- 2. It is your responsibility to ensure that your child has their 'relieving' medication with them in school and that it is clearly labelled with their name. You should confirm this with your child's class teacher**
- 3. It is your responsibility to ensure that your child's asthma medication has not expired**
- 4. Your child should not be exposed to cigarette smoke**