

SACRED HEART

CATHOLIC PRIMARY SCHOOL



ASTHMA CARE FORM

If your child has Asthma, please fill in this form and return it to the office.

CHILD'S NAME: _____ CLASS: _____

Does your child need an inhaler in school? (Please circle): YES / NO

If NO, please fill in the **SIGNS & TRIGGERS** boxes.

If YES, this inhaler is: Colour: _____

Medication name (e.g. Ventolin) : _____

If your child uses an inhaler in school, how many puffs do they need to take?: _____

Does your child know when they need to use their inhaler? YES / NO

Can your child use their inhaler by themselves? YES / NO

Does your child need help using their inhaler? YES / NO

SIGNS that my child is having trouble with asthma (please circle):

COUGH WHEEZE SHORTNESS OF BREATH TIGHT CHEST

OTHER (please specify): _____

TRIGGERS Things that are known to make my child's asthma worse include (please circle):

COLDS / VIRAL INFECTIONS ANIMALS CHALK DUST STRONG SMELLS
EXERCISE WEATHER

ALLERGIES (please give details): _____

OTHER (please give details): _____

ANY OTHER USEFUL INFORMATION ABOUT MY CHILD'S ASTHMA:

Parent / Carer Signature: _____ Date: _____