

Woodcocks' Well C. E. (Controlled) Primary School

ASTHMA FORM

Name

Address

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.....

Telephone Home:

Work:

Any other emergency numbers:

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G.P. Name:

Telephone:

If known:

Consultant:

Hospital:

Reference No:

Telephone:

Main Asthma Trigger:

Other allergies:

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Comments:

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Signature of parent/guardian

Relief treatment to be taken in school time

For sudden chest tightness, wheeze, breathlessness or cough, give or allow the child to take:

Name and how taken:	Dose and when taken

Before exercise:

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If no relief or symptoms reappear within three hours:

- Repeat above
- Call parent/guardian

If the child is fighting for breath:

- Repeat above
- Call parent/guardian
- Dial 999 for an ambulance
- Take to nearest hospital

Please tick as appropriate