



## Re: Primary school asthma record sheet

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parents'/Guardians' Phone:

Home: \_\_\_\_\_

Mother's work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Father's work: \_\_\_\_\_

Mobile: \_\_\_\_\_

GP's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital: \_\_\_\_\_

Chart No: \_\_\_\_\_

### Reliever Medication when needed:

1. For sudden chest tightness, wheeze, shortness of breath, cough.
2. In some children: 10 minutes before exercise or PE class.

Name, dose and how taken: \_\_\_\_\_

Expiry date checked: \_\_\_\_\_

If symptoms do not improve, despite instituting the "5 minute rule", call 999 or a doctor immediately.

Signed: \_\_\_\_\_