



*“Learning in mind,  
community at heart”*

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### **School Asthma Card**

**Review the card at least once a year and remember to update or exchange it for a new one if your child’s treatment changes during the year.** Medicines should be clearly labelled with your child’s name and kept in agreement with the school’s policy.

#### **To be filled in by the parent/carer**

Child’s name	
Date of birth	
Address	
Parent/carer’s name	
Telephone – home	
Telephone – work	
Telephone – mobile	
Doctor/nurse’s name	
Doctor/nurse’s telephone	
Does your child tell you when he/she needs medicine?	Yes / No (please delete as appropriate)
Does your child need help taking his/her asthma medicine?	Yes / No (please delete as appropriate)
Does your child need to take any medicines before exercise or play?	Yes / No (please delete as appropriate) If yes, please describe below
What are your child’s triggers (things that make their asthma worse)?	
Medicine How much and when taken.	
Does your child need to take any other asthma medicines while in the school’s care?	Yes / No (please delete as appropriate) If yes, please describe below
	Continued over the page

Medicine How much and when taken.	
Reliever treatment when needed.	
For wheeze, cough, shortness of breath or sudden tightness in the chest, give or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.	
Expiry dates of medicines checked	
What signs can indicate that your child is having an attack?	
Parent/carer's signature Date	
Medicine Date checked Parent/carer's signature	
Medicine Parent/carer's signature	
Date Name Job title signature	