



Student Asthma Record

This record is to be completed by parents/carers in consultation with their child's doctor (general practitioner). Parents/carers should inform the school immediately if there are any changes to the management plan. Please tick the appropriate boxes, and print your answers clearly in the blank spaces where indicated.

..... Gender: M F Homeroom

(Surname) (First Names)

tick The Contact Details (eg Parent or Carer, or Emergency Contact) and my child's doctor are as I have indicated on their enrolment form.

tick I need to contact the school to amend my Contact Details: please find attached letter revising these details.

USUAL ASTHMA MANAGEMENT PLAN

Usual signs of student's asthma	Worsening signs of student's asthma	What triggers the student's asthma?
Wheezing <input type="checkbox"/> Tightness in chest <input type="checkbox"/> Coughing <input type="checkbox"/> Difficulty in breathing <input type="checkbox"/> Difficulty in speaking <input type="checkbox"/> Other (please describe) _____ _____ _____	Increased signs of: Wheezing <input type="checkbox"/> Tightness in chest <input type="checkbox"/> Coughing <input type="checkbox"/> Difficulty in breathing <input type="checkbox"/> Difficulty in speaking <input type="checkbox"/> Other (please describe) _____ _____ _____	Exercise <input type="checkbox"/> Colds/Viruses <input type="checkbox"/> Pollens <input type="checkbox"/> Dust <input type="checkbox"/> Food <input type="checkbox"/> which foods? _____ _____ Other Triggers (please note) _____ _____

Medication requirements: (including preventers, symptom controllers or medication needed before exercise)		
Name of Medication	Method (eg puffer & spacer, turbuhaler)	When and how much?

In an **EMERGENCY**, follow the Plan below that has been ticked (Please tick the preferred box)

Standard Asthma First Aid Plan

- Step 1** Sit the student upright, remain calm and provide reassurance. Do not leave student alone.
- Step 2** Give 4 puffs of a blue reliever puffer (*the student's medication or Ventolin*), one puff at a time, preferably through a spacer device. [* Use a blue reliever puffer on its own if no spacer is available]. Ask the student to take 4 breaths from the spacer after each puff.
- Step 3** Wait 4 minutes.
- Step 4** If there is little or no improvement, repeat steps 2 and 3.
If there is still little or no improvement, call an ambulance immediately (Dial 000).
Continue to repeat steps 2 and 3 while waiting for the ambulance.

OR

My Child's Asthma First Aid Plan (attached)

Additional Comments:

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I authorise the school staff to follow the preferred Asthma First Aid Plan and assist my child with taking asthma medication should they require help. I will notify you in writing if there are any changes to these instructions.

Signature of Parent/Carer: **Date:**

I verify that I have read the preferred Asthma First Aid Plan and agree with its implementation.