Dear Parents and Carers,

As part of the Asthma Friendly Schools Program we would like to ask all parents and carers to please let us know if their child has asthma even if it is very mild.

Asthma is a condition that can be serious and may require emergency first aid while your child is at school. It is important for our staff to have up-to-date information about the management of your child’s asthma.

We ask that you please read carefully and complete the Student Asthma Record on the back.

- Please write in all boxes that are applicable, and return this form as soon as possible.
- If your child no longer needs asthma medication, please indicate this on the form and return as soon as possible.
- Please provide your child with the appropriate medication.

Students who can self-administer are permitted to carry their own personal Ventolin for asthma with them in their school bag. **NOTE:** Due to new guidelines, we are no longer able to use Nebulisers as part of Asthma treatment within the school. If a child is on a Nebuliser constantly, then the guidelines are that the child is not well enough to attend school.

The Student Asthma Record outlines three questions regarding your child’s medication and a Standard Asthma First Aid Plan for an asthma attack that is used in all schools. If, however, your child’s emergency treatment is different, please attach your child’s first aid asthma plan signed by your Doctor. This management form should be updated whenever your child’s asthma or asthma medications change significantly.

If your child has been known to have asthma or is having difficulty breathing and there is no Student Asthma Record provided by you, the school staff will use the Standard Asthma First Aid Plan as detailed on the student asthma record.

The school also reserves the right to call an ambulance for any child having a serious asthma attack or difficulty breathing.

If you would like further information about asthma or The Asthma Friendly Schools Program contact the Asthma Foundation on 1800 645 130 or.au www.asthmansw.org

Please help us care for your child by completing the Student Asthma Record and return to the School Office with the other forms enclosed in this pack.

If you have any questions regarding this please do not hesitate to contact me or the office.

Thank you for your help in this matter.

Yours sincerely,

Joan Kahl
School Principal
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 box, and print your answers clearly in the blank spaces where indicated.

Personal Details

Student’s name: ................................................................. ................................................................. Gender: M □ F □
(Surname) (First Names)
Date of birth ………./………./……… Form/Class …………… Teacher .................................................................

Emergency Contact (eg parent or carer):

a Name................................................................. Relationship .................................................................
Telephone ............................................. (Home) Telephone ................................................................. (Work)
b Name................................................................. Relationship .................................................................
Telephone ............................................. (Home) Telephone ................................................................. (Work)
Doctor ................................................................. Telephone .................................................................

Usual Asthma Management Plan

Child’s Symptoms (eg cough) .................................................................
Triggers (eg exercise, pollens) .................................................................

Medication Requirements:

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Method (eg puffer &amp; spacer, turbuhaler)</th>
<th>When and how much?</th>
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<tbody>
<tr>
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Students are not allowed to carry any sort of medication other than an Asthma puffer and/or Epi-pen in their bags or on their person as all medication other than Asthma puffer or an Epi-pen must be kept in a secure location inaccessible by other students.

(please circle the following)...

- Does your child carry their puffer with them at all time? Yes / No
- If not, are you providing the school with a puffer to be stored in a secure location? Yes / No
- What is the expiry date of your child’s puffer? Month……………………….... Year……………

In an EMERGENCY, follow the Plan below that has been ticked

*IMPORTANT! Please supply a copy of the prescription for medication for our records OR a letter from the doctor on their letterhead regarding this action.

☐ Standard Asthma First Aid Plan (Please tick the preferred box)

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 (Ventolin or Asmol), one puff at a time, preferably through a spacer device*. 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.

* Use a blue reliever puffer (Ventolin or Asmol) on its own if no spacer is available.

☐ My Child’s Asthma First Aid Plan (attached)

Additional Comments:

……………………………………………………………………………………………………………………………………………………………………

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. Please contact me if my child requires emergency treatment or if my child regularly has asthma symptoms at school.

Signature of Parent/Carer: ……………………………………………………… Date: …………………………….

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