

School Asthma Action Plan



This record is to be completed by parents/carers in consultation with their child's doctor (general practitioner). Please tick the appropriate box and print your answers clearly in the blank spaces where indicated. This school is collecting information on your child's asthma so we can better manage asthma while your child is in our care. The information on this Plan is confidential. All staff that care for your child will have access to this information. It will only be distributed to them to provide safe asthma management for your child at school. The school will only disclose this information to others with your consent if it is to be used elsewhere. Please contact the school at any time if you need to update this Plan or you have any questions about the management of asthma at school. If no Asthma Action Plan is provided by the parent/carer, the staff will treat asthma symptoms as outlined in the Victorian Schools Asthma Policy 2006.

Student's Name _____

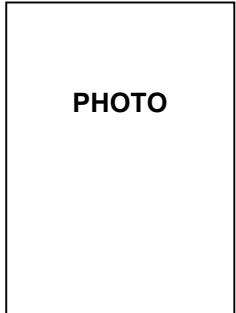
Gender M F **Age** _____ **Date of birth** ____/____/____ **Form/Class** _____

Emergency Contact (e.g. Parent/Carer) _____ **Relationship** _____

Phone: (H) _____ (W) _____ (M) _____

Doctor's Name _____ **Phone** _____

Ambulance Subscriber Yes No **Subscriber number** _____



USUAL ASTHMA ACTION PLAN

Usual signs of student's asthma	Worsening signs of student's asthma	What triggers the student's asthma?
Wheeze _____	Increased signs of:	Exercise _____
Tightness in chest _____	Wheeze _____	Colds/Viruses _____
Coughing _____	Tightness in chest _____	Pollens _____
Difficulty breathing _____	Coughing _____	Dust _____
Difficulty speaking _____	Difficulty breathing _____	Other Triggers (please describe)
Other (please describe)	Difficulty speaking _____	
	Other (please describe)	

Does your child need assistance taking their medication? Yes No If yes, how? _____

Asthma medication requirements usually taken at school:

(Including relievers, preventers, symptom controllers, combination medication and medication before exercise)

Name of Medication	Method (e.g. puffer & spacer, Turbuhaler)	When and how much?

Is your child on regular preventer medication taken at home? Yes No

School Asthma Action Plan

St Paul's
ANGELICAN GRAMMAR SCHOOL



Asthma First Aid Plan



Please tick preferred Asthma First Aid Plan

Victorian Schools Asthma Policy for Asthma First Aid

(Section 4.5.7.8 of the Department of Education and Training's Victorian Government Schools' Reference Guide)

1. Sit the student down and remain calm to reassure them. Do not leave the student alone.
2. Without delay shake a blue reliever puffer (Airomir, Asmol, Epaq or Ventolin) and give 4 separate puffs through a spacer (use the puffer alone if a spacer is not available). Use one puff at a time and ask the student to take 4 breaths from the spacer after each puff.
3. Wait 4 minutes. If there is no improvement, repeat steps 2 and 3.
4. If there is still no improvement after a further 4 minutes – call an ambulance immediately (dial 000) and state that the student is having breathing difficulties. Continuously repeat steps 2 and 3 while waiting for the ambulance.

If at any time the student's condition suddenly worsens, or you are concerned, call an ambulance immediately.

OR

Student's Asthma First Aid Plan (if different from above)

- Please notify me if my child regularly has asthma symptoms at school.
- Please notify me if my child has received asthma first aid.
- In the event of an asthma attack, I agree to my son/daughter receiving the treatment described above.
- I authorise school staff to 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.
- I agree to pay all expenses incurred for any medical treatment deemed necessary.

Parent's/Guardian's Signature: _____

Date ___/___/___

Doctor's Signature: _____

Date ___/___/___

For further information about the Victoria Schools Asthma Policy, the Asthma Friendly® Schools Program and asthma management please contact The Asthma Foundation of Victoria on (03) 9326 7088, toll free 1800 645 130, or visit our website www.asthma.org.au

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