



# Walliston Primary School

## STUDENT ASTHMA RECORD

Walliston Primary has adopted the Asthma Friendly Guidelines to provide a safer environment for students with asthma. Parents/guardians should complete this form and return it to the office. Please inform the school immediately if there are any changes to the management plan.

Student's Name: \_\_\_\_\_ Gender: M  F   
(Surname) (First name)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Year: \_\_\_\_ Room: \_\_\_\_ Teacher: \_\_\_\_\_

Emergency Contact (e.g. parent, carer):

a. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mobile) \_\_\_\_\_

b. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Doctor: \_\_\_\_\_ Telephone No: \_\_\_\_\_

**Child's symptoms** (e.g. cough): \_\_\_\_\_

**Triggers** (e.g. exercise, pollens): \_\_\_\_\_

### Medication requirements:

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

### Asthma First Aid Plan:

**Step 1** Sit the person upright, remain calm and provide reassurance. Do not leave the person alone.

**Step 2** Give 4 puffs of a blue reliever puffer (*Airomir, Asmol, Bricanyl or Ventolin*), one puff at a time, preferably through a spacer device\*. Ask the person 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 & 3 while waiting for the ambulance.

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

**Note: If your child requires a different Asthma First Aid Plan, please attach a copy.**

I agree with this Asthma First Aid Plan and 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. Please contact me if my child requires emergency treatment or if my child regularly has asthma symptoms at school.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Signature)