



# LIWARA CATHOLIC PRIMARY SCHOOL

## STUDENT ASTHMA RECORD 2023

### Student Asthma Record

This form is specifically for **occasional** Asthma sufferers and replaces Student Medication Request and Medical Action Plan forms under the Special Medical Needs Guidelines. If your child suffers chronic Asthma and is at high risk, please request a Medical Action Plan form from the office.

This record is to be completed by parents/carer in consultation with your child's doctor (general practitioner).

Parents/carer 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.

#### Student Details

First Name:..... Surname ..... Gender: M ☐ F ☐

Date of Birth:...../...../..... Class ..... Teacher .....

#### Emergency Contact (e.g., parent / carer)

1. Name ..... Relationship: .....

Telephone No: ..... Mobile: .....

2. Name ..... Relationship: .....

Telephone No: ..... Mobile: .....

Doctor: Name: ..... Telephone Number .....

#### Usual Asthma Management Plan

Child's symptoms (e.g., cough)

.....

Triggers (e.g., exercise, pollens)

.....

**MEDICATION REQUIRED:** For relief of attacks at School - Preventative and symptom control medications should be managed at home

**Name of Medication:** .....

Method - puffer / spacer: .....

When & How Much: .....

Please indicate:

My child is able to self-administer Y / N or I have made the following provisions

.....

.....

**Students with any history of Asthma should always carry their Reliever Puffer with them.**

In an **Emergency** follow the **PLAN BELOW** that has been ticked (✓)

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

Step 1	Sit the student upright, remain calm and provide reassurance. Do not leave the student alone.
Step 2	Give 4 puffs of a blue reliever puffer ( <i>Airomir, Asmol, Bricanyl or Ventolin</i> ), 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 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 (*Airomir, Asmol, Bricanyl or Ventolin*), on its own if no spacer is available.

NOTE: a blue reliever puffer (as described above) that is the property of the school may be used if the need arises and the child does not have access to his/her own puffer.

OR

☐ 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.

\* Signature of Doctor: .....Date: .....

\* Must be filled in