Dear Parents and Carers,

We are pleased to tell you that as part of the Asthma Friendly Schools Program we are updating our student medical forms. 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 complete the Student Asthma Record Card enclosed. The Student Asthma Record Card outlines a Standard Asthma First Aid Plan for an asthma attack that is used in all schools. If, however, you 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 Card provided by you, the school staff will use the Standard Asthma First Aid Plan as detailed on the student asthma record card.

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

Please help us care for your child by completing and returning the Student Asthma Record on the other side of this letter as soon as possible. If you have any questions regarding this please do not hesitate to contact me.

Thank you for your help in this matter.

Yours sincerely,

Mr Gus Vrolyk
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 indicated.

Personal Details

Student’s Name: .................................................. .................................................. Gender: M F
(Surname) (First Names)

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

Emergency Contacts (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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In an EMERGENCY, follow the Plan below that has been ticked (✓).

Standard Asthma First Aid Plan

☐ Step 1  Sit the student upright, remain calm and provide reassurance. Do no leave student alone.

☐ Step 2  Give four (4) puffs of a blue reliever puffer (Airomir, Asmol, Epaq or Ventolin), one puff a time, preferably through a spacer device*.
   Ask the student to take four (4) breaths from the spacer after each puff.

☐ Step 3  If there is little or no improvement, repeat 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 (Airomir, Asmol, Epaq or Ventolin) on its own if no spacer is available.

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