



# STUDENT ASTHMA RECORD

## ELEMENT 4.4 RECORDS MANAGEMENT

### ST MONICA'S SCHOOL

<b>STUDENT NAME:</b>		<b>GENDER</b>	<b>M</b>	<b>F</b>
<b>ADDRESS:</b>		<b>DOB</b>		
<b>TEACHER:</b>		<b>YEAR LEVEL</b>		
<b>DOCTOR:</b>		<b>PHONE NO:</b>		

EMERGENCY CONTACT 1		EMERGENCY CONTACT 2	
<b>Name:</b>		<b>Name:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>Relationship:</b>		<b>Relationship:</b>	
<b>Phone Number:</b>		<b>Phone Number:</b>	

Usual Asthma Management Plan	
Symptoms	Triggers

Medication Requirements		
NAME OF MEDICATION:	METHOD OF ADMINISTERING THE MEDICATION Puffer, Spacer, Nebuliser, Oral	DOSAGE/TIMES

Note the name of the Parent/Guardian requesting the Asthma Plan for a Student at St Monica's School.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

I consent to the plan outlined being implemented as required: YES / NO  
(circle one)

In an EMERGENCY follow the plan below that has been ticked ✓

<b>STANDARD ASTHMA FIRST AID PLAN</b>	
Step 1	Sit the student upright, remain calm and provide reassurance. Do not leave the student
Step 2	Give 4 puffs of a blue reliever puffer (Airomir, Asmol, Bricanyl or Ventolin)
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 (000)
	Continue to repeat steps 2 and 3 while waiting for the Ambulance
<i>Use a blue reliever puffer(Airomir, Asmol, Bricanyl or Ventolin)on it's own if spacer not available</i>	

<b>MY CHILD'S ASTHMA FIRST AID PLAN - (attached)</b>	
Additional Comments	
<p>Parent/Guardian/Carer Statement</p> <p>I, _____ authorise St Monica's 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.</p> <p>Signature of Parent/Guardian/Carer: _____</p> <p>Date of Authority: _____</p>	
<p>Doctor's Statement</p> <p>I _____ verify that I have read the preferred Asthma First Aid Plan and agree with its implementation.</p> <p>Signature of Doctor: _____ Date: _____</p>	