

## **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: (Surname)	Gender: M F (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:	
Name of Medication Method (eg. Puffer & s	pacer, turbuhaler) When and how much?
Hume of medication method (og. 1 unor u. 3	pacer, turbunaler) which and now much:
Marie of incurcation incursor (e.g. Furier & 5	when and now much:
Marie of incurcation	when and now much:
In an EMERGENCY, follow the Plan below that has been ticked ( $$ ).	when and now much:
In an EMERGENCY, follow the Plan below that has been ticked ( $$ ). Standard Asthma First Aid Plan	
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I verify I have read the preferred Asthma First Aid Plan and agree with its implementation.