

# Asthma Management Form

The following confidential information is required to assist in the proper management of a child's asthma, if such help is needed. Please complete and attach to the Medical Consent form. For more information on Asthma see [section 4.5.7 of the Victorian Government Schools' Reference Guide](#). Further information is available from the Asthma Foundation [www.asthma.org.au](http://www.asthma.org.au).

Student's name:

School:

Usual signs of asthma:  Wheezing  Chest tightness  Coughing  Difficulty breathing  Difficulty speaking  Other

*When completing this form please seek the advice of the asthmatic's doctor if necessary.*

1. Usual maintenance regime or medical program followed:

Name of Medication	Method (eg. Puffer & spacer, turbohaler)	When and how much?

Does the child require assistance to take their medication?  Yes  No

2. Peak flow readings: Best .....Critical .....(bring own peak flow meter)

3. Signs of worsening asthma:  Wheezing  Chest tightness  Coughing  Difficulty breathing  Difficulty speaking  Other:

Medication and treatment to be used during worsening asthma:

4. Medication and treatment to be used during crisis situations:

*See Asthma First Aid Plan attached on page 2.*

5. List any known asthma trigger factor(s):

- 6. Has the person been admitted to hospital due to asthma in the past 12 months?  Yes  No
- 7. Has the person been on oral cortisone for asthma within the past 12 months? (e.g. Prednisolone, Cortisone, Betamethasone etc)  Yes  No
- 8. Has the person ever suffered sudden severe asthma attacks requiring hospitalisation?  Yes  No

### Important Notes

If you have answered "yes" to questions 6, 7, or 8 then the decision for the person to participate rests with the child's doctor. The process in such situations is as follows:

- the person's doctor or parents/guardians (if a student) may contact the school Principal for further information on the program and support available;
- a letter from the student's doctor, stating the doctor's decision must accompany this form.

I declare that the information provided on this form is complete and correct.

Parent/guardian: \_\_\_\_\_

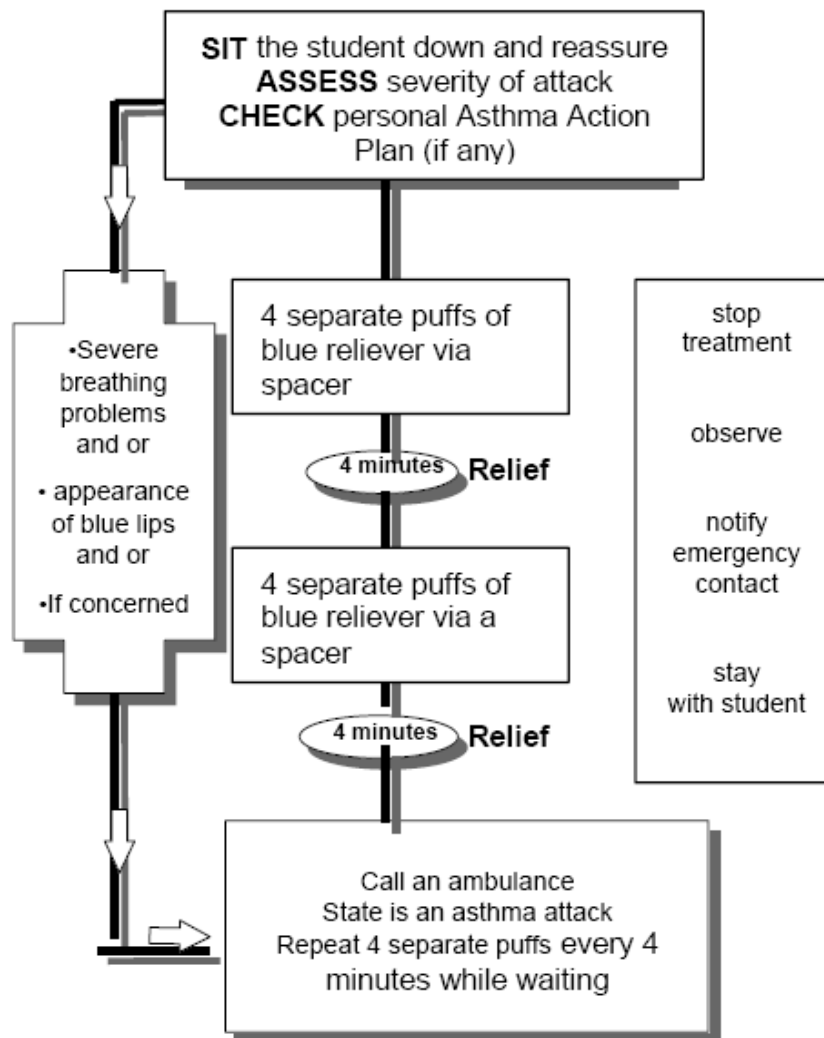
Phone contact(s): \_\_\_\_\_

OR \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Asthma First Aid Plan



From the Victorian Government Schools' Reference Guide Section 4.5.7.8