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 4.5.10.3 of the Victorian Government Schools Reference Guide. Further information is available from the Asthma Foundation www.asthma.org.au.

Student's name:		
School:		
Usual signs of asthma: □ Wh	neezing □ Chest tightness □ Coughing □ Difficulty breathi	ing □ Difficulty speaking □ Other
When completing this form	m please seek the advice of the asthmatic's doc	ctor if necessary.
1. Usual maintenance regime	e or medical program followed:	
Name of Medication	Method (eg. Puffer & spacer, turbohaler)	When and how much?
Does the child require ass	sistance to take their medication? ☐ Yes ☐ No	
2. Peak flow readings: Best	Critical(bring own p	peak flow meter)
3. Signs of worsening asthm	a: □ Wheezing □ Chest tightness □ Coughing □ Difficult	y 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 att	tached on page 2.	
5. List any known asthma trig	gger factor(s):	
7. Has the person been on o Betamethasone etc) ☐ Yes 8. Has the person ever suffe	itted to hospital due to asthma in the past 12 months ral cortisone for asthma within the past 12 months? □ No red sudden severe asthma attacks requiring hospita	(e.g. Pednisolone, Cortisone,
Important Notes If you have answered "yes" t The process in such situation	o questions 6, 7, or 8 then the decision for the persons is as follows:	on to participate rests with the child's doctor.



- 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.

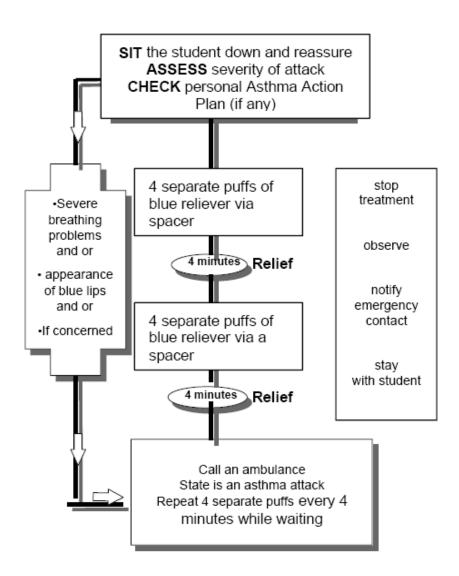
I declare that the information provided on this form is complete and correct.

Signature:

Parent/guardian:		
Phone contact(s):	OR	

Date:

Asthma First Aid Plan



From the Victorian Government Schools' Reference Guide Section 4.5.7.8

