

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: 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: BestCritical(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.

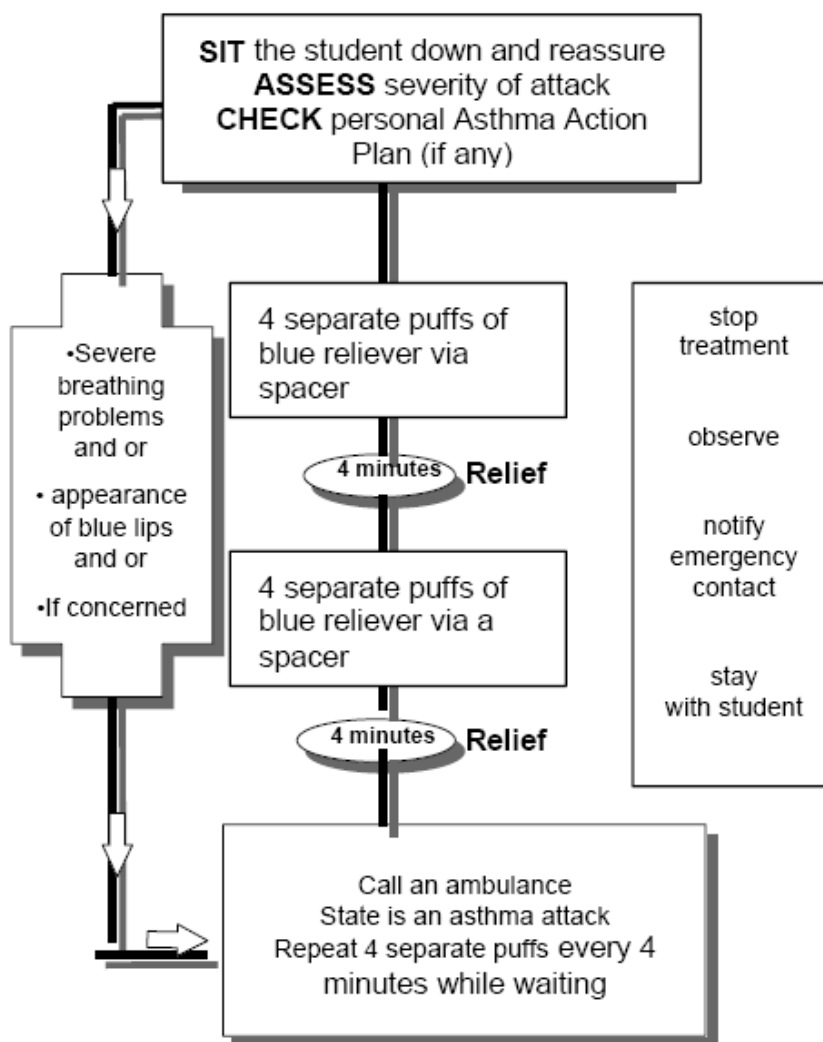
I declare that the information provided on this form is complete and correct.

Parent/guardian: _____

Phone contact(s): _____ OR _____

Signature: _____ Date: _____

Asthma First Aid Plan



From the Victorian Government Schools' Reference Guide Section 4.5.7.8