



ST PETER'S PRIMARY SCHOOL

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This record is to be completed by parents/carers in consultation with their child's doctor (general practitioner). Parents/carergivers 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 where indicated.

Student's Full Name: M / F (please circle) Class

Date of Birth:/...../..... Doctor Telephone

Emergency contact (eg, parent, carer):

Name:..... Relationship:.....

Telephone: Mobile(home) (work)

Name:..... Relationship:.....

Telephone: Mobile(home) (work)

Child's symptoms (eg, cough):.....

Triggers (eg, exercise, pollens):.....

Name of Medication	Method (e.g. puffer, spacer, etc)	When and how much

In an **Emergency**, follow the Plan below that has been ticked (✓)

<input type="checkbox"/> Standard Asthma First Aid Plan Step 1 Sit the student upright, remain calm and provide reassurance. Do not leave student alone. Step 2 Give 4 puffs of a blue reliever puffer (Airomir, Asmol, Bricanyl or Ventolin), one puff at a time, preferably through a spacer device. Ask the student to take 4 breaths from the spacer after each puff. Step 3 Wait 4 minutes Step 4 If there is little or no improvement, repeat steps 2 and 3 and advise Parent/Guardian. If there is still little or no improvement, call an ambulance immediately (Dial 000). Continue to repeat steps 2 and 3 while waiting for the ambulance.	<input type="checkbox"/> My Child's Asthma Action Plan (attached)
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Additional comments

I authorise 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.

Signature of Parent/Carer.....

Date:.....