



**OUR LADY'S ASSUMPTION**  
SCHOOL

## Asthma Record Form

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

☐ My child does **not** have asthma.

☐ My child does have asthma. **(Please complete details below)**

Child's symptoms: (eg cough) \_\_\_\_\_

Triggers: (eg exercise, pollen) \_\_\_\_\_

### Medication Requirements:

Name of Medication	Method (eg puffer & spacer, turbuhaler)	When and how much?

Tick the correct Asthma First Aid Plan to follow in an emergency.

☐ **Standard Asthma First Aid Plan** (see below)

Step 1 Sit the student upright, remain calm and provide reassurance. Do not leave the student alone.  
Step 2 Give 4 puffs of a blue reliever puffer (Ventolin, Airomir, Asmol, Epaq or Bricanyl), one at a time, preferably through a spacer after each puff.  
Step 3 Wait 4 minutes.  
Step 4 If there is little or no improvement, repeat steps 2 and 3.  
If there is still little or no improvement, call an ambulance (Dial 000).  
Continue to repeat steps 2 and 3 while waiting for an ambulance.

☐ **My Child's Asthma First Aid Plan** (attached)

People to contact in Case of Emergency:

Name \_\_\_\_\_ Contact No \_\_\_\_\_

Name \_\_\_\_\_ Contact No \_\_\_\_\_

Name \_\_\_\_\_ Contact No \_\_\_\_\_





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Additional Comments:

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I authorise OLA 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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

