



St Monica's Primary School

North Parramatta

1 February 2017

ASTHMA AWARENESS

Dear Parents,

Asthma is the most common medical condition for Australia's school children with up to one in four children being affected. Asthma is also the most common reason for children being admitted into hospital.

Given the high occurrence of asthma and asthma attacks in schools, the State and Territory Asthma Foundations and Asthma Australia developed a national program targeting school students, their teachers and parents/carers. The program is called AFS (Asthma Friendly Schools). St Monica's is an asthma friendly school and aims to maintain an asthma friendly school environment.

Attached please find a Student Asthma Record Sheet to be completed by you and returned to the school by **Friday 3 February 2017** for **each child in your family with asthma.**

Please do not place multiple students on the same form.

For more serious cases this must be done in conjunction with your doctor.

***** If you require more than one Student Asthma Record Sheet, you may download a copy from the website or contact the office and one will be forwarded to you.**

To download a copy – go to the School Website (www.stmonicasparra.catholic.edu.au) then click on News and Events, School Notes, then Whole School.

You will appreciate that it is extremely important that the school be aware of the symptoms, triggers and management of your child's asthma, however slight, so that we can provide the best treatment possible in case of an attack.

We appreciate your co-operation and help in this matter.

Yours sincerely,

Louise O'Donnell
Principal

STUDENT ASTHMA RECORD - 2017

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

Personal Details

Student's name: _____ Gender: M F
 (SURNAME) (FIRST NAME)

Date of birth: ___/___/___ Form/Class: _____ Teacher: _____

Emergency contact (e.g. parent, carer): _____

a. Name: _____ Relationship: _____
 Telephone No: _____ (Hm) _____ (Wk)

b. Name: _____ Relationship: _____
 Telephone No: _____ (Hm) _____ (Wk)

Doctor: _____ Telephone No: _____

Usual Asthma Management Plan

Child's symptoms (e.g. cough): _____

Triggers (e.g. exercise, pollens): _____

Medication requirements:

Name of medication	Method (e.g. puffer & spacer, turbuhaler)	When, and how much?

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

Standard Asthma First Aid Plan Please tick (✓) the preferred box

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. 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.

** Use a blue reliever puffer (Airomir, Asmol, Bricanyl or Ventolin) on its own if no spacer is available.*

OR
 My Child's Asthma First Aid Plan (attached)

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:** _____

I verify that I have read the preferred Asthma First Aid Plan and agree with its implementation.

Signature of Doctor: _____ **Date:** _____