

Asthma Details and Action Plan (If applicable)

Child's Name: Date:/...../.....

Usual Asthma Management Plan

How often does your child have asthma symptoms? .

- Infrequently (less than 5 times / year)
 Frequently (more than 5 times / year)
 Most days / daily
 Usually when exercising

How do you recognise that your child is having an asthma attack?

- Wheezing (whistling noise from the chest)
 Difficulty with breathing
 Coughing
 Tightness in chest

Other:

How do you recognise that your child's asthma is worsening?

.....

What are your child's asthma triggers (things that make asthma worse)?

.....

- Does your child tell you when he / she needs asthma medication? Yes No
 Does your child need assistance to take asthma medication? Yes No
 Does your child take any asthma medication before exercise / play? Yes No

| Medication | Method Used (puffer / inhaler & spacer; nebuliser) | Dose and Frequency |
|------------|---|--------------------|
| | | |
| | | |

Does your child require asthma medication whilst at child care?

| Medication | Method Used (puffer / inhaler & spacer; nebuliser) | Dose and Frequency |
|------------|---|--------------------|
| | | |
| | | |

What reliever medication does your child normally take when asthma symptoms worsen?

| Medication | Method Used (puffer / inhaler & spacer; nebuliser) | Dose and Frequency |
|------------|---|--------------------|
| | | |
| | | |

Emergency Asthma Management Plan

| Medication | Dose (E.g. 2 Puffs) | Method (E.g. puffer & spacer) | How often? (E.g. every 4 mins) |
|------------|---------------------|-------------------------------|--------------------------------|
| | | | |
| | | | |

Additional comments:

.....

I have consulted with my child's doctor and authorise the staff at Blue Gum Early Learning & Child Care Centre to follow the Preferred Emergency Action Plan (indicated above) to assist my child in the event of asthma symptoms worsening. 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.

Parent/s Signature & Name: Date:/...../.....