



I.D. Code: ..... Grade: ..... Date of Birth: .....

Child's Surname: ..... Given Names: .....

Address:..... Phone No:.....

Father's Name:..... Business Phone No:.....

Mother's Name:..... Business Phone No:.....

Father's Mobile:..... Mother's Mobile:.....

Name of doctor to call in case of emergency: .....

Address: ..... Phone No:.....

Name of Dentist: ..... Phone No: .....

Address: .....

Are you a current member of an ambulance fund? Yes / No Medicare No.: .....

Name of relative or friend to contact in an emergency (if parents are unavailable)

Name: ..... Phone No: .....

Address: .....

In the event of the School being unable to contact either the parents or doctor named above, I give consent to my child receiving care from a doctor or hospital nominated by the school.

Signed: .....  
Date: .....

**MEDICAL HISTORY – CONFIDENTIAL**

Does the child suffer from any of the following? (Please provide Plan from Doctor and discuss requirements with Administration).

Anaphylaxis..... Asthma: ..... (Please complete information on the next page).

Epilepsy: ..... Diabetes: ..... Haemophilia: ..... Allergies:.....

Anaphylaxis: .....

Have you provided an Epipen: Yes / No Have you provided an Anaphylaxis Action Plan (attached to this sheet): Yes / No

Any other serious illness: .....

What treatment is he/she presently receiving? .....

Has he / she been immunised? Yes / No Does office have a copy of immunisation certificate? Yes / No

If glasses are worn, when were eyes last tested:.....

Other comments: .....

.....

**SCHOOL ASTHMA MANAGEMENT**

*Please complete this section if your child suffers from asthma.*

What are the student's usual symptoms of asthma? (please tick)



Wheezing                       Tightness of chest                       Coughing                       Difficulty breathing

Other (please describe) .....

**What are the students signs / symptoms of worsening asthma? (Please describe)**

.....

**Is medication usually required at school? Yes / No (If yes, please provide the following information)**

Medication	Dosage	How Often
.....	.....	.....
.....	.....	.....

**Does the student need pre-exercise medication? Yes / No (If yes, please provide the following information)**

Medication	Dosage	Under what circumstances? (e.g. cross country)
.....	.....	.....

**Does the student require assistance / supervision from staff while taking medication? Yes / No (If yes, please provide the following information) .....**

**Other relevant information e.g. trigger factors, side effects from medication, etc. ....**

.....

**EMERGENCY ACTION PLAN**

**VICTORIAN SCHOOLS ASTHMA POLICY FOR EMERGENCY TREATMENT OF AN ASTHMA ATTACK**

*(DEECD School Policy and Advisory Guide – Asthma Attacks: Treatment)*

1. Sit the person upright, be calm and reassuring, do not leave them alone, and seek help if required. **Note:** Breathing is easier sitting rather than lying down.
2. Give medication: give 4 separate puffs into the spacer, shaking the puffer between each puff. (Shake the blue reliever puffer. Use a spacer if you have one)
3. Ensure student takes 4 breaths from the spacer after each puff.
4. Wait 4 minutes.
5. If there is no improvement, repeat step 2
6. If there is still no improvement call an ambulance (000). Tell the operator the person is having an asthma attack.
7. Keep giving 4 puffs, getting the student to take 4 breaths per puff, every 4 minutes while you wait for emergency assistance.
8. If asthma is relieved after administering the 4x4x4 procedure stop the treatment and observe the student. Notify the student’s emergency contact person and record the incident.

**Student’s emergency treatment (if different from above)**

Medication	Dosage (e.g. 2 puffs)	Method (e.g. puffer and spacer)	How Often (e.g. every 4 mins.)
.....	.....	.....	.....

**Additional Comments:** .....

**DECLARATION**

**In the event of an asthma attack at school, I agree to my child ..... receiving the treatment described above. I also agree to pay all expenses incurred for any ambulance service or medical treatment deemed necessary.**

**Parent’s/Guardian’s Signature:** ..... **Date** .....