



Asthma Management Plan - 2017

The following confidential information is required to assist in the proper management of a child's asthma, if such help is needed. Please complete the following Asthma Management Plan, in consultation with your doctor, and return it to the College's general office promptly.

For more information on Asthma see DET website. Further information is available from the Asthma Foundation www.asthma.org.au.

Student's name:	2017 Year Level:
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School:	MOUNT WAVERLEY SECONDARY COLLEGE
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1. **Usual signs of asthma:** Wheezing Chest tightness Coughing Difficulty breathing Difficulty speaking
 Other:-

2. **Usual maintenance regime or medical program followed:**

Name of Medication

Method (eg. Puffer & spacer, turbohaler)

When and how much?

Does the child require assistance to take their medication? Yes No

3. **Signs of worsening asthma:** Wheezing Chest tightness Coughing Difficulty breathing Difficulty speaking
 Other:

Medication and treatment to be used during worsening asthma:

4. **Medication and treatment to be used during crisis situations:**

See Asthma First Aid Plan on page 2.

5. **List any known asthma trigger factor(s):**

- 6. Has the asthmatic been admitted to hospital due to asthma in the past 12 months? Yes No
- 7. Has the asthmatic been on oral cortisone for asthma within the past 12 months?
(e.g. Prednisolone, Cortisone, Betamethasone etc) Yes No
- 8. Has the asthmatic ever suffered sudden severe asthma attacks requiring hospitalisation? Yes No

Important Notes

- the asthmatic's doctor or parents/guardians (if a student) may contact the College for further information on the program and support available;

I declare that the information provided on this form is complete and correct.

Parent/guardian's name _____

Parent/guardian's signature _____

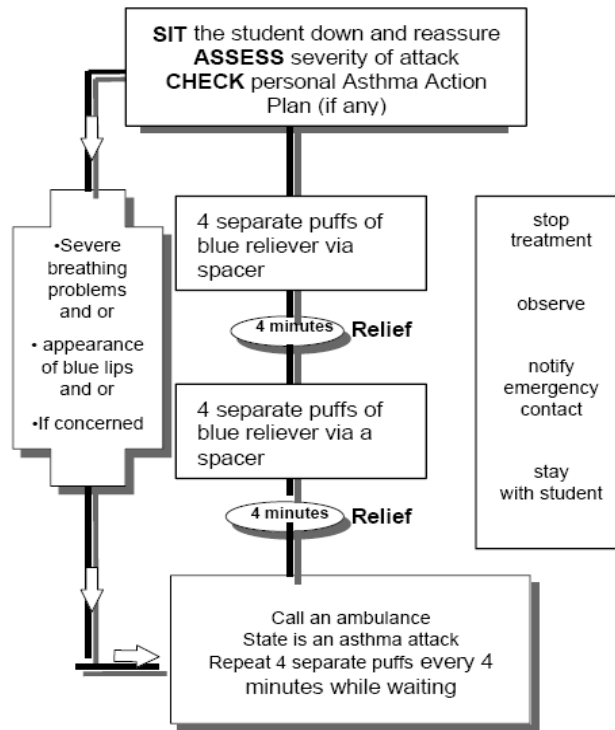
Phone contact(s) _____

Doctor's name _____

Doctor's signature _____

Phone contact(s) _____

Asthma First Aid Plan



From the Victorian Government Schools' Reference Guide Section 4.5.7.8