



Mirani State School

PO Box 30

Mirani QLD 4754

Ph: (07) 4966 7333 Fax: (07) 4966 7300

Student Absent Line: 4966 7360

E-Mail: principal@miraniss.eq.edu.au

Website: www.miraniss.eq.edu.au

Principal: Mr Bruce Torrens

PLEASE PRINT CLEARLY

Child's name

Date of birth

Managing an asthma attack

Staff are trained in asthma first aid (see overleaf). Please write down anything different this child might need if they have an asthma attack:

Daily asthma management

This child's usual asthma signs

- Cough
- Wheeze
- Difficulty breathing
- Other (please describe)

Frequency and severity

- Daily/most days
- Frequently (more than 5 x per year)
- Occasionally (less than 5 x per year)
- Other (please describe)

Known triggers for this child's asthma (eg exercise, colds/flu, smoke) — please detail:*

Does this child usually tell an adult if s/he is having trouble breathing?

Yes

No

Does this child need help to take asthma medication?

Yes

No

Does this child use a mask with a spacer?

Yes

No

*Does this child need a blue reliever puffer medication before exercise?

Yes

No

Medication plan

If this child needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

| Name of medication and colour | Dose/number of puffs | Time required |
|-------------------------------|----------------------|---------------|
| | | |
| | | |
| | | |

Doctor

Name of doctor

Address

Phone

Signature

Date

Parent/Guardian

I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.

Signature

Date

Name

Emergency contact information

Contact name

Phone

Mobile

Email