

**FORM 8 - ASTHMA MANAGEMENT & EMERGENCY RESPONSE PLAN**  
**Willandra Primary School**

Name:

Date of Birth:

Year:

Form:

Teacher:

**Section A – Asthma management**

List known trigger(s):

Dust   
 Exercise

Pollen   
 Animal Fur

Smoke   
 Common Cold

Other:

Daily management planning (if required):

**Section B - Management instructions in the event of an asthma attack**

Steps	Instructions
Step 1	Sit the student upright, provide reassurance, and remain calm. Remain with the student.
Step 2	Give 4 puffs of blue reliever inhaler. Use spacer if available. Use one puff at a time and ask the student to take 4 breaths after each puff.
Step 3	Wait 4 minutes. If there is no improvement give another 4 puffs.
Step 4	<p><b>EMERGENCY INSTRUCTIONS</b>                      If little or no improvement occurs:</p> <p>a) Call an ambulance immediately (dial 000).                      b) Call parent/carer.                      c) Keep giving 4 puffs of blue reliever inhale every 4 minutes, until the ambulance arrives.                      d) Go with the student in the ambulance if his/her parents/carers have not arrived when the ambulance is ready to leave for hospital.</p>

**Section C – Medication Instructions**

	Medication 1		Medication 2		Medication 3	
Name of medication						
Reason for medication						
Expiry date						
Dose/frequency – may be as per the pharmacist's label						
Duration (dates)	From : To:		From : To:			
Route of administration						
Administration Tick appropriate box	By self <input type="checkbox"/> Requires assistance <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	By self <input type="checkbox"/> Requires assistance <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	By self <input type="checkbox"/> Requires assistance <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Storage instructions Tick appropriate box(es)	Stored at school <input type="checkbox"/> Kept and managed by self <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Stored at school <input type="checkbox"/> Kept and managed by self <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Stored at school <input type="checkbox"/> Kept and managed by self <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Section D – Authority to Act**

This asthma management and emergency response plan authorises the school staff to follow my/our advice and/or that of our medical practitioner. It is valid for one year or until I/we advise the school of a change in my child's health care requirements.

Parent signature:

Medical Practitioner (if required):

Date:

Date:

Review Date:

**FORM 8 - ASTHMA MANAGEMENT & EMERGENCY RESPONSE PLAN**

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**Name:**

**Date of Birth:**

**Year:**

**Form:**

**Teacher:**

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**OFFICE USE ONLY**

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Date received

Date uploaded on SIS

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Is specific staff training required? **Yes**  **No** :

Type of training:

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Training service provider:

Name of person/s to be trained:

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Date of training:

**When completed, please attach the student health care summary form to the front of this document and return to your child's school.**

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