

Asthma & Anaphylaxis Information Sheet

Asthma

If your child has asthma please fill out this sheet.

Student's name:

Please list anything that might cause your child's asthma flare up. (Quite often it's very difficult to work out what triggers asthma. So please feel free to say "I'm not sure".)

.....

.....

.....

.....

Asthma Questionnaire

Please tick 'yes' or 'no' to the following:

- | | | |
|--|------------------------------|-----------------------------|
| 1. In the past 18 months, has your child been to the emergency department in a hospital because of asthma? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. In the past 18 months, has your child been admitted to hospital because of asthma? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. In the past 18 months, has your child been prescribed any of these tablets or syrups: Prednisolone, Predmix, or Redipred? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| *4. Does your child use their asthma reliever medication three or more times per week. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Does your child usually need help to use reliever medication? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Does your child normally need an adult to tell them when to take reliever medication? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Does exercise cause an asthma flare up? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Asthma & Anaphylaxis Information Sheet **Asthma** (cont.)

PLEASE NOTE – This does not replace a Written Asthma Action Plan

If your doctor has made out a Written Asthma Action Plan, please provide it to the school.

If it is not provided and asthma first aid is required for your child, school staff will default to using the standard “4 x 4” procedure
asthmaaustralia.org.au/About_Asthma/Asthma_First_Aid.aspx

