



Asthma First Aid Record



Photo of Child

CHILD'S NAME: _____ DATE OF BIRTH: ____/____/____

To assist staff, could you please complete this record, in consultation with your child's doctor and return it to HOOSH as soon as possible. It is important that the information on this record is current so please have it updated if any of the details change.

Child's Asthma Triggers _____

Trigger Minimisation strategies: _____

List any identified allergies: _____

Is your child identified as being at risk of having a severe allergic reaction? YES NO

Emergency Contact Details

Name:	Relationship:
Best Contact Number:	Alternative Contact Number:
Name:	Relationship:
Best Contact Number:	Alternative Contact Number:
Child's Doctor:	Telephone:

The below ticked box is the preferred management plan to be followed in the event that my child requires asthma first aid.

*** Kids' Asthma First Aid for Asthma

Step 1 Sit the child upright, remain calm and provide reassurance. Do not leave the child alone.	Step 2 Give 4 puffs of a blue reliever inhaler (Salbutamol eg. Ventolin, Asmol, Airomir), one puff at a time, using a spacer if available (including a mask if required). Instruct the child to take 4 breaths from the spacer after each puff	Step 3 Wait 4 minutes. If the child still cannot breathe normally give another 4 puffs of blue/grey reliever puffer .	Step 4 If the child still cannot breathe normally, call an ambulance immediately (Dial 000) and continue giving 4 puffs of blue/grey reliever puffer every 4 minutes until the ambulance arrives
Not sure if it's Asthma? CALL AN AMBULANCE IMMEDIATELY (DIAL 000) If the child stays conscious and their main problem seems to be breathing, follow the asthma first aid steps. Asthma reliever medicine is unlikely to harm them even if they do not have asthma.			

Other

(Please attach a detailed Asthma Action Plan that has been developed for your child in consultation with and signed by their doctor.)

My child can self-administer their asthma medication: YES NO (only applicable to children over preschool age)

Parent/Guardian Signature: _____ Dated: _____

Doctor's Signature: _____ Dated: _____

If your child requires regular (daily) asthma medication please provide the Childcare/OOSH Service with details in accordance with Education and Care Service's National Regulation, 2011 – Division 4 – Administration of Medication.

*The Children's Service Asthma First Aid Record has been adapted from the Child/Student Asthma First Aid Record, NSW Paediatric Hospitals' Children's Asthma Resource Pack for Parents and Carers – June 2010.

**Adapted from Kids' First Aid for Asthma – National Asthma Council Australia. 2011. www.nationalasthma.org.au.

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