Dubbo & District Preschool

Asthma Record Card

Child's Name: _____ **Date of Birth**: _____

Doctors Name: _____Ph: _____Specialist: _____ Ph: _____

Instructions:
1. This record is to be completed by parents in consultation with their Child's doctor.
2. Parents should inform the Preschool immediately if there are any changes to this Record.
3. Please √ the appropriate box or print your response in the blank spaces where Indicated.

   For some questions you may need to tick more than one box.

Asthma Management Plan

How often does your child have asthma symptoms?

□ Infrequently (less than 5 x per year) □ Frequently (more than 5 x per year)

□ Most days/daily □ Usually when exercising

How do you recognise that your child is having an asthma attack?

□ Wheeze (whistling noise from chest) □ Cough □ Tightness in chest

□ Difficulty with breathing □ Other _____

How do you recognise that your child's asthma is worsening?

_____

What is your child's asthma triggers (things that make asthma symptoms worse)?

_____

Does your child tell you when he/she needs asthma medication? □ Yes □ No

Does your child need assistance to take asthma medication? □ Yes □ No

Does your child take asthma medication before exercise/play? □ Yes □ No

Usual Asthma Medication

Medication	Method used (puffer/inhaler, Puffer/inhaler and spacer)	How much and how often

Does your child require asthma medication whilst at preschool? □ Yes □ No

Medication	Method used (puffer/inhaler, Puffer/inhaler and spacer	How much and how often

What reliever medication does your child normally take when asthma symptoms worsen?

Medication	Method used (puffer/inhaler, Puffer/inhaler and spacer	How much and how often

My Child's Emergency Action

Medication	Dosage (eg, 2 puffs)	Method (eg. Puffer and spacer)	How often (eg. Every 4 mins)

Additional comments:

_____

_____

_____

I have consulted my child's doctor and authorise the Preschool staff to follow the Preferred Emergency Action Plan (indicated above) to assist my child in the event of asthma symptoms worsening. I will notify you in writing if there are any changes to these instructions. You will be contacted if your child requires emergency treatment and the ambulance will be called if required.

Signature of Parent/Guardian _____ Date: _____