

# STUDENT ASTHMA RECORD

## TO BE FILLED OUT BY PARENT/GUARDIAN

The Asthma Foundation of Tasmania strongly advises parents/guardians to complete this form with the family doctor.

### Student's details

First name:.....Last name:.....

Form/class:.....

Teacher:.....

**What triggers your child's asthma?** (e.g. exercise, chalk dust, chemicals, grasses, lawn mowing, food, animals)

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.....  
.....

**When your child is having problems with their asthma they usually:** *(tick as many as you need to)*

- Cough
- Wheeze
- Feel chest tightness
- Have problems breathing
- Other *(please specify)*.....

**This usually happens:**

- Approximately 5 times a year
- More than 5 times a year, but less than weekly
- Weekly
- Every day or most days

**When your child exercises or plays sport, their asthma becomes worse:**

- Always
- Sometimes
- Never

Please sign and date each page

Parent's/Guardian's signature: ..... Date:.....

Principal's signature:..... Date:.....

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### Anything else you think we should know?

List any situations or special considerations we should be aware of. (e.g. "May be absent from school for a couple of weeks per year." "Swimming in pools with chlorine sets off an asthma attack." "Need to consider food allergies when on camps." )

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### Additional information you may wish to include:

A written asthma action plan signed by your doctor.

Other (*please specify*) .....  
.....

## I have read, understood and agreed ...

... with this Student Asthma Record and any attachments indicated above.

I approve the release of this information to supervising staff and emergency medical personnel.

Parent/guardian: .....

Signature:.....

Date:.....