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: ...................................................
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.”)

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: ...............................................................................................

Student ASTHMA RECORD
TO BE FILLED OUT BY PARENT/GUARDIAN

Student

ASTHMA RECORD

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STUDENT

FOUNDATION OF TASMANIA

ASTHMA RECORD

TO BE FILLED OUT BY PARENT/GUARDIAN

I have read, understood and agreed ...