



ST BRIGID'S CATHOLIC PARISH PRIMARY SCHOOL, GWYNNEVILLE

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ASTHMA NOTIFICATION 2020

Dear Parents

If your child suffers from asthma, please complete the form below and return to your child's classroom teacher together with your child's current written Asthma Action Plan from your family doctor. The plan must be in a written format and be individually prescribed. It needs to contain information that allows the student and staff to recognise exacerbations (flare-ups). It is also very important that the plan contains information on what action to take in response to the exacerbations. Please also send in your child's labelled medication with these forms.

Child's Name: _____ ☐ Male ☐ Female
Date of Birth: _____ Contact Mobile: _____
Doctor's Name: _____

1. What are your child's usual symptoms when he/she has asthma? E.g. Wheezing.

2. What medication and dosage does your child take for asthma or for the above symptoms?

3. By which method does your child take the above medicines? E.g. Inhaler, spacer.

4. What side effects (if any) does your child experience after using medication?

Parent signature _____ Date _____



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