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BRUNSWICK SINHALA LANGUAGE SCHOOL

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BRUNSWICK SINHALA LANGUAGE SCHOOL (BSLS)

Asthma / Allergenic Reaction / Special Needs Management Form

The purpose of this form is to help us in an emergency. All the information given will be confidential.

Student Name.....

Date of Birth ...../...../..... Male /Female: .....

(1) Asthma Action Plan

Usual signs of participant's asthma:

O Wheeze O Tight Chest **O** Cough O Difficulty breathing O Difficulty talking O Other .....

Signs of participant's asthma getting worse:

O Wheeze O Tight Chest O Cough O Difficulty breathing O Difficulty talking O Other .....

Participant's asthma triggers:

O Cold /Flu O Exercise O Smoke O Pollens O Dust O Other .....

Asthma Medication Requirements (Including Relievers, preventers, Symptom controllers, combination)

Name of medication (e.g.Ventolin,Flixotide)	**Method** (e.g. Puffer & spacer, turbuhaler)	**When and how much?**

(2) Allergenic Reaction Plan

1. What is the student allergic to?
O Bites O Food O Medications O Stings O Other

Please Specify:-

2. What are signs and symptoms of child's reaction?
O **Low-**a localised reaction (rash ,itching ,swelling at the site the poison/ irritant enters)
O **Moderate**-a systemic reaction (rash,itching,swelling away from the site that poison /irritant enters)
O **Severe –**an anaphylactic reaction (severe breathing problem, total body swell, emergency situation)

Please give details :-

3. What medication does the participant take (if any) for their allergic reaction?

4. Medication and treatment to be used during emergency situation:

(3) Special Needs

1. Does the student have any special need? YES / NO
2. If yes, please specify

Please note that it is the school's policy to ring for an ambulance if child has been deemed by first aid to need this assistance. Parents will be notified immediately if an ambulance is required to treat the injury or severe condition.

DECLARATION
I certify that the information contained within this foam is correct. Signature of parent/Guardian: ..... Date: ...../...../..... Print Name : .....