

## Juniors (Nippers) Child Asthma Record

Name of Child
Date of Birth
Contact Phone Number
Please read each section carefully and tick ( $\checkmark$ ) the appropriate boxes or complete the spaces where indicated.
1. How often does your child have asthma symptoms?
Occasionally (less than 5 episodes per year)
Frequently (more than 5 episodes a year)
☐ Daily or most days
2. Please list any known or suspected trigger factors which may start an asthma episode in your child. (e.g. Exercise, smoking, chalk dust, food, pollens, chemicals, weather, grasses & lawn mowing).
3. How will supervising staff recognise your child's asthma?  Cough Tightness in Difficulty Wheeze Chest Breathing
4. Does your child carry 'reliever medication' that he/she can take for the above symptoms
YES / NO This revliever medication is:  Ventolin Bricanyl Respolin  Dose (eg. Number of puffs)  Given via
☐ Puffer ☐ Puffer + Spacer ☐ Turbuhaler ☐ Rotahaler

5. Does your child require medication prior or during exercise?

YES / NO

- 6. If your child develops asthma, including exercised induced asthma, it will be managed in the following way:
  - Cease activity and rest
  - Do not allow him/her to resume the activity until all symptoms have subsided and the child has been observed for 5 minutes.
  - The child can resume the activity when all symptoms have subsided and they have been observed for 5 minutes. If there is no improvement after 4 minutes a further dose of 'Reliever' medication should be given.
  - If symptoms persist or worsen then the attack needs to be managed according to the emergency plan (see below).

## CONSENT OF PARENT OR GUARDIAN

If my child develops asthma symptoms whilst at nippers and does not have his/her medication with them then:

I give permission for a member of the club to help administer to my child 'Reliever' (blue, bronchodilator) medication from the first aid kit (if available) and as soon as possible to contact a parent/guardian for further advice, but to follow the emergency plan if neccessary

YES / NO	
Signed Parent/Guardian	Date

## **EMERGENCY PLAN**

In an emergency situation (including exercise induced asthma) the following steps should be implemented. It is preferable that the child's own (blue) 'Reliever' medication be used but if not available then a blue 'reliever' inhaler should be obtained from the first aid kit (if available) or borrowed from another child.

- 1. Sit the child comfortably in an upright position be calm and reassuring. Do not leave the child alone.
- 2. Shake puffer and give 4 puffs of 'reliever' medication in quick succession. When using a spacer give 4 separate puffs, breathing between each one.
- 3. If no improvement after 4 minutes give another 4 puff of 'reliever' medication in the same way.
- 4. An ambulance or doctor, and parents should be called if:

There is still no improvement;

- Or There is severe breathing difficulty at any time;
- Or There is blueness around the mouth
- Or If in doubt

Medication can be repeated as above every 4 minutes until the ambulance arrives

If your child requires a variation to this recommended Emergency Plan, then please change a necessary in consultation with you doctor.

If you have any queries or doubts regarding your child's asthma or the filling out of this form please discuss with your child's **Age Group Manager** or the **Junior Convenor**.