**Individual Asthma Risk Minimisation Plan**

This plan is to be completed by the principal or nominee on the basis of information from the student’s medical practitioner (Asthma Action Plan) provided by the parent.

It is the parents’ responsibility to provide the school with a copy of the student’s Asthma Action Plan containing the emergency procedures plan and current photo of the student - to be appended to this plan; and to inform the school if their child’s medical condition changes.

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| **School** | |  | | | **Phone** |  |
| **Student** | |  | | | | |
| **Date of Birth** | |  | | | **Year Level** |  |
| **Known asthma triggers** | | | | | | |
| **Other health conditions** | | | | | | |
| **Medication at school** | | | | | | |
| **Emergency Contact Details (Parent/Carer)** | | | | | | |
| **Name** |  | | **Name** | |  | |
| **Relationship** |  | | **Relationship** | |  | |
| **Phone - Home** |  | | **Phone - Home** | |  | |
| **Phone - Mobile** |  | | **Phone - Mobile** | |  | |
| **Address** |  | | **Address** | |  | |
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| **Emergency Contact Details alternate)** | | | | | | |
| **Name** |  | | **Name** | |  | |
| **Relationship** |  | | **Relationship** | |  | |
| **Phone - Home** |  | | **Phone - Home** | |  | |
| **Phone - Mobile** |  | | **Phone - Mobile** | |  | |
| **Address** |  | | **Address** | |  | |
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| **Medical Practitioner** | | | | | | |
| **Name** |  | | **Phone** |  | | |
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| **Emergency care to be provided at school** |  | | | | | |
| **Storage of reliever medication/ device** |  | | | | | |

**Individual Asthma Risk Minimisation Plan**

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| **Environment** | | | |
| To be completed by the Principal or nominee.  Please consider the range of environments/areas (on and off-school site) the student will be in for the year (eg. classroom, canteen, sports oval, excursion, camp etc) | | | |
| **Name of environment/area** |  | | |
| **Risk Identified** | **Actions taken to minimise risk** | **Responsible** | **Completion date** |
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| **Name of environment/area** |  | | |
| **Risk Identified** | **Actions taken to minimise risk** | **Responsible** | **Completion date** |
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| **Name of environment/area** |  | | |
| **Risk Identified** | **Actions taken to minimise risk** | **Responsible** | **Completion date** |
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| **Name of environment/area** |  | | |
| **Risk Identified** | **Actions taken to minimise risk** | **Responsible** | **Completion date** |
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| **Name of environment/area** |  | | |
| **Risk Identified** | **Actions taken to minimise risk** | **Responsible** | **Completion date** |
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**Individual Asthma Risk Minimisation Plan**

This Individual Asthma Risk Minimisation Plan will be reviewed on any of the following occurrences (whichever happen earlier):

* annually
* if the student’s medical condition, insofar as it relates to asthma management, changes
* as soon as practicable after the student experiences a severe/life-threatening asthma attack at school
* when the student is to participate in an off-site activity, such as camp or excursion, or at special events, conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).

**I have been consulted in the development of this Individual Asthma Risk Minimisation Plan.**

**I consent to the risk minimisation strategies proposed herein.**

|  |  |
| --- | --- |
| **Signature of parent/carer** |  |
| **Date** |  |
| **Signature of parent/carer** |  |
| **Date** |  |
| I have consulted the parents/carers of the student and relevant school staff who will be involved in the implementation of this Individual Asthma Risk Minimisation Plan. | |
| **Signature of Principal (or nominee)** |  |
| **Date** |  |

-end-