



## **INFORMATION SHEET for Parents of Prospective Students**

Welcome to Kelmscott John Calvin School!

KJCS is a K – 6 school that serves families who are members of the following Free Reformed Churches: Armadale, Darling Downs, Kelmscott, Melville, Mount Nasura and Southern River.

With respect to enrolment please note the following:

Kindergarten is non-compulsory. Please note, however, that we are unable to guarantee that non-attending children will not be disadvantaged when it comes to their preparation for formal schooling. All children who turn 4 before 1st July, 2022 are eligible to attend as of the beginning of Term 1.

Pre-primary is compulsory and full time. Children who turn 5 before 1st July, 2022 are eligible to attend as of the beginning of Term 1.

Please complete the enrolment and associated forms and bring them along when you enroll your child. Please take note of the following:

**Health Alerts** - We need to know if your child is allergic to anything eg. peanuts, bee stings; or whether they are they prone to any illnesses eg. hay fever, seizures, anaphylaxis. See <https://www.allergy.org.au/> for information.

**Australian Immunisation Register (AIR)** – It is a legal requirement to supply the school with a recent **Australian Immunisation Register (AIR)** with your enrolment request. Under new legislation (22/7/2019) WA schools are not permitted to enrol a child in Pre-Kindergarten and Kindergarten, if the child's immunisation status is not up to date, unless one of the stated exemptions applies. The definition of a 'current' AIR is one which is no older than two (2) months at the time of it being supplied to the school. Copies of your child's **Australian Immunisation Register (AIR)** can be downloaded from your MyGov account at <https://www.humanservices.gov.au/>. If you **do not immunise** please supply the school with a copy of your **Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011)**.

**Emergency Contacts** - These contacts should be available during school hours and live in close proximity to the school in the event we cannot contact you. Please update these details regularly on the FRSA online Portal.

**Residential Status** - Please provide proof of residency (copy of visa is required), or proof of citizenship of Australia if born overseas (copy of naturalisation certificate and/or Australian passport is required). Copies will be retained by the school. ***It is your responsibility to notify the school of any change to your visa status.***

**Student Asthma Record** - Please complete this form for any children who have a history of asthma, including asthma in infancy. (Note: Doctor's signature is only required if you provide an alternative asthma plan).



**Permission to administer Paracetamol/Panadol/Ibuprofen** - This section on the enrolment form grants the staff permission to administer Paracetamol/Ibuprofen to a student complaining of a headache or any other pain. You will be asked to advise if you would like the staff to contact you before administering or whether you are happy to leave it to the staff's discretion. Either way you will be informed on the same day.

**Permission to publish photographs** - During the course of the year, many photos are taken of students, which in turn are used for **school use only**. We require your permission for the use of these photos. It is important to note no photos are used in Social Media or outside publications.

**Please note that in order to enrol your children at Kelmscott John Calvin School you need to be a member (in good standing) of the Free Reformed School Association. Enrolments are subject to your membership.**

#### **Parent checklist for supporting documents**

Copies of the following documents (where applicable) have been attached for my child:

- Current Australian Immunisation Register (AIR) record
- Birth certificate (required)
- Citizenship certificate (if he/she became an Australian citizen)
- Visa (if in Australia on a visa)
- Passport (if not an Australian citizen)
- Any supporting medical documents (where applicable)
- Any current court orders (where applicable)

If you have queries, please contact the school secretary or Principal.

Mr Alwyn Terpstra  
KJCS PRINCIPAL

# Application for Enrolment



**FREE REFORMED  
SCHOOL ASSOCIATION**

*My heart I offer to You Lord - promptly and sincerely*

**School:** \_\_\_\_\_

**Family Details:**

Church: \_\_\_\_\_

Surname: \_\_\_\_\_

Father's Name(s): \_\_\_\_\_ Membership ID number: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address of Employment: \_\_\_\_\_

Mother's Name(s): \_\_\_\_\_ Membership ID number (if known): \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address of Employment: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Emergency Contact:** *(if the school is unable to reach the parents)* Please provide 2 emergency contacts.

1. Contact Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Contact Phone Numbers: \_\_\_\_\_

2. Contact Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Contact Phone Numbers: \_\_\_\_\_

**Student Details:** *(Please provide copy of child's Birth Certificate for school records)*

Child's Surname: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Preferred Name: *(if different to first name)* \_\_\_\_\_ Position in Family: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex of Child: Male Female

Previous School Attended: \_\_\_\_\_ Year Level: \_\_\_\_\_

**Other Contact:** *(if student regularly resides at more than 1 address)*

Contact Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Contact Address: \_\_\_\_\_

**Australian Citizenship:**

Australian Citizen	Yes	No	Country of Birth (if not Australia):	_____
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On a Visa	Yes	No	Please provide Visa Sub-Class:	_____
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**Please provide proof of residency (copy of visa is required), or proof of citizenship of Australia if born overseas (copy of naturalisation certificate and/or Australian passport is required). Please note: It is your responsibility to notify the school of any change to your Visa status.**

Is your child of Aboriginal or Torres Strait Islander Origin? Yes No

**Medical History:**

Immunised:	Up-to-date	<input type="checkbox"/>	Medicare card no:	<input type="text"/>
(please tick applicable option)	Not up-to-date	<input type="checkbox"/>	Medicare card expiry date:	<input type="text"/>
	Not vaccinating (exempt)	<input type="checkbox"/>	Medicare card reference no:	<input type="text"/>

Please note, those who choose not to immunise their child will be required to take/keep their child at home in case of an infectious illness at school (such as Measles).

Under new legislation (22/7/2019) WA schools are not permitted to enrol your child in Kindergarten if your child's immunisation status is not up to date, unless your child meets one of immunisation exemption categories. Further information and exemptions can be obtained from your GP. It is a legal requirement to provide your school with a current Australian immunisation record (AIR).

Insect Sting Allergies:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, list medicines and provide School with Action Plan:

Asthma:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please rate severity of asthma:	Mild	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Severe	<input type="checkbox"/>
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If yes, list asthma medicines and provide School with Action Plan:

List any reactions to any Substances (eg allergy to chocolates with hives, rash):

Seizure Disorder (eg Epilepsy):	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, provide details:

List any other serious medical condition(s) we should be aware of? (eg kidney / bladder problems, heart condition, hepatitis, fainting, bleeding problems, diabetes, recent illnesses):

Does this child take medication regularly:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, what medication(s) and reason for medication(s):

Please provide details if any medications are to be given during school hours:

Special Dietary Concerns (please be specific):

**Vision:**

Glasses	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Contacts:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**Hearing:**

Hearing Devices:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Ear Grommets:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Any other ear / hearing problems:

**Speech:**

Does your child have any difficulty with speech:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Please provide copy of latest practitioner's report if he/she is receiving, or previously received treatment

**Motor Skills:**

Does your child have any difficulty with motor skills:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Please provide copy of latest practitioner's report if he/she is receiving, or previously received treatment

Any special classroom considerations (relating to vision / hearing / speech / motor skills) needed:

**Other Concerns:**

Has your child experienced any social, emotional or physical problems, including phobias, which may affect adjustment to school and / or camps? If so, provide details:

Are there any special restrictions related to child access:

*(Please provide a copy of the court order to be placed on file in the school):*

**Permission to Administer Paracetamol:**

**Student Name:**

I authorise the school and its officers to administer paracetamol (eg Panadol) to my child, named above, in the event of headache or other minor pain. I understand that such administration will be in accordance with instructions relating to its use, as published on the packet, especially relating to the quantity and frequency of its use.

Yes  No

Signed:

Please indicate if you would like us to notify the parent / guardian before administering paracetamol:

Yes  No

Signed:

**Permission to Administer Ibuprofen :**

I authorise the school and its officers to administer ibuprofen (eg Nurofen) to my child, named above, in the event of headache, body aches, pains and / or inflammation. I understand that such administration will be in accordance with instructions relating to its use, as published on the packet, especially relating to the quantity and frequency of its use. In general, paracetamol is administered; ibuprofen may be administered if specifically requested/required.

Yes  No

Signed:

Please indicate if you would like us to notify the parent / guardian before administering ibuprofen:

Yes  No

Signed:

**Permission to Publish Photographs:**

If you **do** authorise the School to publish photographs of your child, named above, subject to the conditions as outlined in the School's Handbook, please check the box below:

I **hereby** authorise the School to publish photographs of my child, named above.

If you **do not** authorise the School to publish photographs of your child, named above, subject to the conditions as outlined in the School's Handbook, please check the box below:

I **do not** authorise the School to publish photographs of my child, named above.

Signed:

**Information Required for Assessment and Reporting Purposes:**

The following personal information is collected as part of this School's ongoing commitment to the National Reporting on Schooling in Australia initiative. For further information on the National Reporting on Schooling in Australia initiative, we refer you to the Ministerial Council on Education, Employment, Training and Youth Affairs website. <http://www.mceecdya.edu.au/mceecdya/>. As part of that initiative this information will be provided to the Association of Independent Schools of Western Australia (AISWA) for collation. AISWA has advised the School that it does comply with the requirement of the Privacy Act and will be collating the information provided by Schools. AISWA will then forward the collated information to the Department of Education and Training (DET) for analysis. DET as a government agency is required to comply with the privacy legislation requirements for the public sector.

As with personal information collected by the School, this personal information will be handled strictly in accordance with our Privacy Policy.

**Does the Student or his/her Mother/Guardian, or his/her Father/Guardian Speak a Language Other than English at Home? (If more than one language, indicate the one that is spoken most often)**

	STUDENT	FATHER / PARENT 1 / GUARDIAN 1	MOTHER / PARENT 2 / GUARDIAN 2
No, English only			
Yes, other; please specify:			

**Mark one box only in each column**

**What is the Highest Year of Primary or Secondary School the Parents / Guardians have Completed? (For persons who have never attended school, mark "Year 9 or equivalent or below.")**

	FATHER / PARENT 1 / GUARDIAN 1	MOTHER / PARENT 2 / GUARDIAN 2
Year 12 or equivalent		
Year 11 or equivalent		
Year 10 or equivalent		
Year 9 or equivalent or below		

**What is the level of the Highest Qualification the Parents / Guardians have completed?**

	FATHER / PARENT 1 / GUARDIAN 1	MOTHER / PARENT 2 / GUARDIAN 2
Bachelor degree or above		
Advanced Diploma / Diploma		
Certificate I to IV (including trade certificate)		
No non-school qualification		

**Please select the appropriate parental occupation group from the list on the next page.**

	FATHER / PARENT 1 / GUARDIAN 1	MOTHER / PARENT 2 / GUARDIAN 2
Occupation Group Number:		

If the person is not currently in paid work but has had a job in the last 12 months or has retired in the last 12 months, please use the person's last occupation. If the person has not been in paid work in the last 12 months, enter '8' in the box above.

### **GROUP 1: SENIOR MANAGEMENT IN LARGE BUSINESS ORGANISATION, GOVERNMENT ADMINISTRATION AND DEFENCE, AND QUALIFIED PROFESSIONALS**

Senior executive/manager/department head in industry, commerce, media or other large organisation. Public service manager (Section head or above), regional director, health / education / police / fire services administrator. Other Administrator (school principal, faculty head / dean, library / museum / gallery director, research facility director). Defence Forces Commissioned Officer. Professionals who generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others. Health, Education, Law, Social Welfare, Engineering, Science, Computing professional. Business (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer). Air/sea transport (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller).

### **GROUP 2: OTHER BUSINESS MANAGERS, ARTS/MEDIA/SPORTS PERSONS AND ASSOCIATE PROFESSIONALS**

Owner / manager of farm, construction, import / export, wholesale, manufacturing, transport, real estate business. Specialist manager (finance / engineering / production / personnel / industrial relations / sales / marketing). Financial services manager (bank branch manager, finance / investment / insurance broker, credit / loans officer). Retail sales / services manager (shop, petrol station, restaurant, club, hotel / motel, cinema, theatre, agency). Arts / media / sports (musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman / woman, coach, trainer, sports official). Associate professionals generally have diploma / technical qualifications and support managers and professionals. Health, Education, Law, Social Welfare, Engineering, Science, Computing technician / associate professional. Business / administration (recruitment / employment / industrial relations / training officer, marketing / advertising specialist, market research analyst, technical sales representative, retail buyer, office / project manager). Defence Forces senior Non-Commissioned Officer.

### **GROUP 3: TRADESMEN / WOMEN, CLERKS AND SKILLED OFFICE, SALES AND SERVICE STAFF**

**Tradesmen/women** generally have completed a 4 year Trade Certificate, usually by apprenticeship. All tradesmen / women are included in this group. **Clerks** (bookkeeper, bank /PO clerk, statistical / actuarial clerk, accounting / claims / audit clerk, payroll clerk, recording /registry / filing clerk, betting clerk, stores / inventory clerk, purchasing / order clerk, freight / transport / shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk). **Skilled office, sales and service staff.** **Office** (secretary, personal assistant, desktop publishing operator, switchboard operator). **Sales** (company sales representative, auctioneer, insurance agent / assessor / loss adjuster, market researcher). **Service** (aged / disabled / refuge / child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer / supervisor).

### **GROUP 4: MACHINE OPERATORS, HOSPITALITY STAFF, ASSISTANTS, LABOURERS AND RELATED WORKERS**

**Drivers, mobile plant, production / processing machinery and other machinery operators.** **Hospitality staff** (hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper). **Office assistants, sales assistants and other assistants.** **Office** (typist, word processing / data entry / business machine operator, receptionist, office assistant). **Sales** (sales assistant, motor vehicle / caravan / parts salesperson, checkout operator, cashier, bus / train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker). **Assistant / aide** trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant). **Labourers and related workers.** **Defence Forces** ranks below senior NCO not included above. **Agriculture, horticulture, forestry, fishing, mining worker** (farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry / logging worker, miner, seafarer / fishing hand). **Other worker** (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor).

**GROUP 4: MACHINE OPERATORS, HOSPITALITY STAFF, ASSISTANTS, LABOURERS AND RELATED WORKERS**

Drivers, mobile plant, production / processing machinery and other machinery operators. Hospitality staff (hotel service supervisor, receptionist, waiter, bar attendant, kitchenhand, porter, housekeeper). Office assistants, sales assistants and other assistants. Office (typist, word processing / data entry / business machine operator, receptionist, office assistant). Sales (sales assistant, motor vehicle / caravan / parts salesperson, checkout operator, cashier, bus / train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker). Assistant / aide trades' assistant, school / teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum / gallery attendant, usher, home helper, salon assistant, animal attendant). Labourers and related workers. Defence Forces ranks below senior NCO not included above. Agriculture, horticulture, forestry, fishing, mining worker (farm overseer, shearer, wool / hide classer, farm hand, horse trainer, nurseryman, greenkeeper, gardener, tree surgeon, forestry / logging worker, miner, seafarer / fishing hand). Other worker (labourer, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor).

**Parent Confirmation**

I / we are members for the Free Reformed School Association Inc	Yes	No
<b>FRSA lifelong communal membership system</b> I / we understand that the enduring foundational principle of the FRSA communal membership system: That the provision of Reformed education is the shared responsibility of the whole church, and that the school is funded through Association member fees rather than fees charged only to parents with children at school (so ensuring reformed education remains affordable for everyone). In benefiting from such a system, it is honourable for parents to remain a member of it not only before, but also after their children have left the school system.	Yes	
My / Our account is up-to-date with payments (membership and education fees)	Yes	No
I / We accept and agree to abide by the provisions of the current Handbook for Parents and Students.	Yes	No
I / We agree to pay the annual membership and education fees as stipulated in the current Handbook	Yes	No
We are aware that failure to pay our account on time may result in the termination of my/our child(ren)'s enrolment at the John Calvin School.	Yes	
The information provided in this enrolment form is, to the best of our knowledge, true and correct.	Yes	No

**Privacy Statement:**

In accordance with G001 Privacy Policy & Procedure, the school will use personal information as contained in the enrolment form for the following:

- to promote a student's educational, social and medical wellbeing
- day to day administration
- to satisfy the school's legal obligations and allowing the school to discharge its duty of care
- to compile and distribute education related information through correspondence, newsletters or magazines
- to conduct research or curriculum development
- to seek funding for the school.

Further, in specific instances, the school may disclose personal information as per the enrolment form to:

- another school
- government departments
- medical practitioners
- people providing services to the school.



In accordance with G010 Overdue Commitments & Fees Policy & Procedure, the FRSA may disclose financial information to the office-bearers of your Free Reformed Church if payment of accounts is not in accordance with the stipulated schedule. You will be informed prior to church contact.

	Father	Mother
<b>Parent / Guardian Name:</b>		
<b>Parent / Guardian Signature:</b>		
<b>Date:</b>		
<b>Principal Name:</b>		
<b>Principal Signature:</b>		

**Thank you for submitting your application for enrolment. Once the enrolment is completed and accepted you will receive confirmation from the Principal in writing.**

**Office Use Only - Check list for Principals:**

Free Reformed church membership current	<input type="checkbox"/>	
FRSA Membership payments (and education fees - where applicable) up-to-date:		Checked with Accounts:
<b>Received:</b>		
Child's birth certificate	<input type="checkbox"/>	
Proof of immunisation (no more than 2 months old)	<input type="checkbox"/>	
Proof of residency/citizenship (where applicable)	<input type="checkbox"/>	
Health related documents eg Action Plans, copies from health practitioners (where applicable)	<input type="checkbox"/>	
Copy of court order (where applicable)	<input type="checkbox"/>	
Enrolment confirmed	<input type="checkbox"/>	
Once enrolment has been confirmed, please advise FRSA Administration (Accounts) for invoicing purposes.		Date advised:

# ASTHMA ACTION PLAN

Take this ASTHMA ACTION PLAN with you when you visit your doctor

**NAME** .....

**DATE** .....

**NEXT ASTHMA CHECK-UP DUE** .....

## DOCTOR'S CONTACT DETAILS

## EMERGENCY CONTACT DETAILS

**Name** .....

**Phone** .....

**Relationship** .....



## WHEN WELL *Asthma under control (almost no symptoms)*

ALWAYS CARRY YOUR RELIEVER WITH YOU

**Your preventer is:** .....  
[NAME & STRENGTH]

Take ..... puffs/tablets ..... times every day  
 Use a spacer with your inhaler

**Your reliever is:** .....  
[NAME]

Take ..... puffs .....

When: You have symptoms like wheezing, coughing or shortness of breath  
 Use a spacer with your inhaler

Peak flow\* (if used) above:

### OTHER INSTRUCTIONS

(e.g. other medicines, trigger avoidance, what to do before exercise)



## WHEN NOT WELL *Asthma getting worse (needing more reliever than usual, having more symptoms than usual, waking up with asthma, asthma is interfering with usual activities)*

**Keep taking preventer:** .....  
[NAME & STRENGTH]

Take ..... puffs/tablets ..... times every day

Use a spacer with your inhaler

**Your reliever is:** .....  
[NAME]

Take ..... puffs .....

Use a spacer with your inhaler

Peak flow\* (if used) between ..... and .....

### OTHER INSTRUCTIONS

(e.g. other medicines, when to stop taking extra medicines)

Contact your doctor



## IF SYMPTOMS GET WORSE *Severe asthma flare-up/attack (needing reliever again within 3 hours, increasing difficulty breathing, waking often at night with asthma symptoms)*

**Keep taking preventer:** .....  
[NAME & STRENGTH]

Take ..... puffs/tablets ..... times every day

Use a spacer with your inhaler

**Your reliever is:** .....  
[NAME]

Take ..... puffs .....

Use a spacer with your inhaler

Peak flow\* (if used) between ..... and .....

### OTHER INSTRUCTIONS

(e.g. other medicines, when to stop taking extra medicines)

Contact your doctor today

Prednisolone/prednisone:

Take ..... each morning for ..... days



## DANGER SIGNS

*Asthma emergency (severe breathing problems, symptoms get worse very quickly, reliever has little or no effect)*

**DIAL 000 FOR  
AMBULANCE**

Peak flow (if used) below:

**Call an ambulance immediately**  
**Say that this is an asthma emergency**  
**Keep taking reliever as often as needed**

Use your adrenaline autoinjector (EpiPen or Anapen)

National Asthma  
Council Australia  
leading the attack against asthma

[nationalasthma.org.au](http://nationalasthma.org.au)

# ASTHMA ACTION PLAN

## what to look out for

### WHEN WELL



#### THIS MEANS:

- you have no night-time wheezing, coughing or chest tightness
- you only occasionally have wheezing, coughing or chest tightness during the day
- you need reliever medication only occasionally or before exercise
- you can do your usual activities without getting asthma symptoms

### WHEN NOT WELL



#### THIS MEANS ANY ONE OF THESE:

- you have night-time wheezing, coughing or chest tightness
- you have morning asthma symptoms when you wake up
- you need to take your reliever more than usual
- your asthma is interfering with your usual activities

**THIS IS AN ASTHMA FLARE-UP**

### IF SYMPTOMS GET WORSE



#### THIS MEANS:

- you have increasing wheezing, cough, chest tightness or shortness of breath
- you are waking often at night with asthma symptoms
- you need to use your reliever again within 3 hours

**THIS IS A SEVERE ASTHMA ATTACK (SEVERE FLARE-UP)**

### DANGER SIGNS



#### THIS MEANS:

- your symptoms get worse very quickly
- you have severe shortness of breath, can't speak comfortably or lips look blue
- you get little or no relief from your reliever inhaler

**CALL AN AMBULANCE IMMEDIATELY: DIAL 000  
SAY THIS IS AN ASTHMA EMERGENCY**

**DIAL 000 FOR  
AMBULANCE**

### ASTHMA MEDICINES

#### PREVENTERS

Your preventer medicine reduces inflammation, swelling and mucus in the airways of your lungs. Preventers need to be taken **every day**, even when you are well.

Some preventer inhalers contain 2 medicines to help control your asthma (combination inhalers).

#### RELIEVERS

Your reliever medicine works quickly to make breathing easier by making the airways wider.

**Always carry your reliever with you** – it is essential for first aid. Do not use your preventer inhaler for quick relief of asthma symptoms unless your doctor has told you to do this.

To order more Asthma Action Plans visit the National Asthma Council website.

A range of action plans are available on the website – please use the one that best suits your patient.

[nationalasthma.org.au](http://nationalasthma.org.au)

Developed by the National Asthma Council Australia and supported by GSK Australia.

National Asthma Council Australia retained editorial control. © 2015

National Asthma  
Council Australia  
leading the attack against asthma