



## **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, 2024 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, 2024 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 e.g. peanuts, bee stings; or whether they are prone to any illnesses e.g. 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 naturalization 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 Phil Houweling  
KJCS PRINCIPAL

# Application for Enrolment



**FREE REFORMED  
SCHOOL ASSOCIATION**

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

## Preamble

Dear Parents,

We look forward to welcoming your child to the John Calvin School, a school that provides an education based on God's Word as is taught in the home and in the Church.

As part of the enrolment process, we feel it important to highlight the following key foundational elements of the Free Reformed School Association:

### **Reformed Education**

The John Calvin schools have been established by the Free Reformed School Association, which is an Association of members of the Free Reformed Churches of Australia.

The object of the Association is to assist the parents within the Free Reformed Churches of Australia in the provision of Reformed education for their children, by the establishment and maintenance of schools committed to providing education which conforms to God's Word (the Bible) as summarised in the Confessions (three forms of unity).

The aim of the Association is that God's children are educated and nurtured within covenant community to live for His glory in submission to Him. This aim is achieved by having distinctively Reformed schools that display a love and obedience to God, where the knowledge of Holy Scripture underpins all learning.

One of the hallmarks and strengths of the John Calvin Schools is that (by Constitution) all parents who wish to enrol their child(ren) must subscribe to the Confessions and be members of the Church. This ensures that the Christian Worldview taught at school aligns with what the children are taught at home and in Church.

### **Communal Membership**

Over many years we have been blessed with a good standard of private education at an affordable cost for all the children of the church community. This is possible because the Lord provides support for the Association through all His people. This is evident in that over half of the members of our Association do not have children currently at school. We are grateful that the Lord provides so much through His people.

We have been blessed with this communal membership system since the inception of the FRSA, whereby the provision of Reformed education has always been the shared responsibility of the whole church community, with the school funded through Association member contributions rather than fees charged only to parents with children at school.

This enduring principle helps ensure that reformed education remains affordable for everyone and allows the entire covenant community to share in the privilege of supporting the education of each new generation of covenant children.

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. In this way coming generations may also benefit from the blessing of this communal membership system.

May you and your children be blessed through the Lord's gift of covenantal schools, and ultimately may His Name be honoured.

## School of Enrolment:

### Family Details:

Church:			
Surname:			
Father's Name(s):		Membership ID number <i>(if known)</i>	
Email:		Mobile Phone Number:	
Occupation:		Work Phone Number:	
Place of Employment:			
Address of Employment:			
Mother's Name(s):			
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: <i>(if different to first name)</i>		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:		Contact Phone Number(s):	
Address:			

### Australian Citizenship:

Australian Citizen:	Yes	No	Country of Birth (if not Australia):	
On a Visa:	Yes	No	Please provide Visa Sub-Class:	

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: <i>(please tick applicable option)</i>	Up-to-date:	<input type="checkbox"/>	Medicare card no:	<input type="text"/>
	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 legislation, 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"/>
-------------------------	------------------------------	-----------------------------

If yes, list medicines and provide School with Action Plan:

Asthma:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---------	------------------------------	-----------------------------

If yes, please rate severity of asthma:	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
---	-------------------------------	-----------------------------------	---------------------------------

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 <i>(eg Epilepsy)</i> :	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

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"/>
--	------------------------------	-----------------------------

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"/>
----------	------------------------------	-----------------------------	-----------	------------------------------	-----------------------------

**Hearing:**

Hearing Devices:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Ear Grommets:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------	------------------------------	-----------------------------	---------------	------------------------------	-----------------------------

Any other ear / hearing problems:

**Speech:**

Does your child have any difficulty with speech:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

**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 No

**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: Yes No

*(If yes, 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 Australian Education Act 2013 (Cth) specifies that all Australian schools in receipt of Australian Government funding must provide student background data.

The Australian Education Regulation 2013 (Cth) specifies the student background data that must be provided by schools to ACARA, including any information that is specified in the Data Standards Manual: Student Background Characteristics as issued by ACARA.

For further information, we refer you to the ACARA website: [www.acara.edu.au](http://www.acara.edu.au).

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 Father/Guardian, or his/her Mother/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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, other; please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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").

Mark one box only in each column	FATHER / PARENT 1 / GUARDIAN 1	MOTHER / PARENT 2 / GUARDIAN 2
Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Year 9 or equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>

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

Mark one box only in each column	FATHER / PARENT 1 / GUARDIAN 1	MOTHER / PARENT 2 / GUARDIAN 2
Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Diploma / Diploma	<input type="checkbox"/>	<input type="checkbox"/>
Certificate I to IV (including trade certificate)	<input type="checkbox"/>	<input type="checkbox"/>
No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>

**Please select the appropriate parental occupation group from the list below:**

	FATHER / PARENT 1 / GUARDIAN 1	MOTHER / PARENT 2 / GUARDIAN 2
Occupation Group Number:	<input type="text"/>	<input type="text"/>

**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

Elected officials (mayor parliamentarian, alderperson, trade union secretary, board member)

Senior executives/general managers/department heads in industry, commerce, media or other large organisation

**Public sector manager** (public service manager (section head or above), regional director, hospital/health services education)

**Other administrator** (school principal, faculty head/dean, library/museum/gallery director, research facility director)

**Defence forces** (Commissioned Officer)

**Qualified professionals** 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** (GP or specialist, registered nurse, dentist, pharmacist, optometrist, physiotherapist, chiropractor, vet, psychologist, therapy professionals, dietician, radiographer, podiatrist)

**Education** (primary/secondary school teacher, university lecturer, professor, VET, special education)

**Law** (lawyer, judge, barrister, coroner, solicitor, legal officer)

**Engineering** (architect, surveyor, chemical/civil/mechanical/mining engineer)

**ICT** (computer systems manager, designer, software and applications programmers)

**Science** (all scientists)

**Business** (management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer, economist)

**Social** (social/welfare/community worker, counsellor, minister of religion, urban/rural planner, librarian, archivist, interpreter/translator)

**Air/sea transport** (aircraft/ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller)

## GROUP 2: OTHER BUSINESS MANAGERS / PROFESSIONALS AND ASSOCIATE PROFESSIONALS

**Farm/business owner/manager** (crop and/or livestock farmer/farm manager, stock and station agent, building/construction, manufacturing, mining, wholesale, import/export, transport business manager)

**Specialist manager** (works manager, engineering/production manager, sales/marketing manager, purchasing manager, supply/shipping manager, customer service manager, property manager, real estate manager, advertising, public relations manager, human resource manager, call or contact centre manager, human resource professionals)

**Finance** (bank manager, finance/investment/insurance brokers/advisors, credit/loans officer, accountant)

**Retail sales/services manager** (shop, post office, petrol station, café/restaurant, club, hotel/motel/caravan park, cinema, theatre, travel/betting agency, sports centre, car rental, car/fleet/station manager, other hospitality, retail services managers)

**Arts/media** (musician, actor, dancer, painter, potter, sculptor, journalist, writer/author, media presenter, photographer, designer, illustrator, proof reader, graphic designer, web designer)

**Sportsperson** (coach, trainer, sports official, sportsperson)

**Associate professionals** generally have diploma/technical qualifications and support managers and professional

**Medical, science, architectural, building, surveying, engineering, computing, ICT support technician**

**Health** (enrolled nurse, community health worker, paramedic/ambulance officer, massage therapist, welfare/parole officer, youth worker, dental hygienist/technician)

**Legal** (police officer, prison officer, government inspector, examiner or assessor, occupational/environmental health officer, security advisor, private investigator, debt collector, law clerk, court officer bailiff)

**Business/administration** (recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office manager, project manager/administrator, mail supervisor, other managing supervisors, management and organisation analysts, contract, program)

**Defence Forces** (senior non-Commissioned Officers [NCO])

**Other** (library assistant, museum/gallery technician, research assistant, proof reader)

## GROUP 3: TRADESPEOPLE AND ADVANCED / INTERMEDIATE CLEARICAL, OFFICE, SALES, CARER, AND SERVICE STAFF

**Tradespeople** generally have completed a 4-year trade certificate, usually by apprenticeship. All tradespeople are included in this group. (metal fitters and machinists, motor mechanics, structural steel/welding trades workers, carpenters and joiners, plumbers, painters, electricians, chefs/cooks, hairdressers)

**Advanced/intermediate clerical, office, sales, carer and service staff**

**Recording clerk** (bookkeeper, bank/post office clerk, statistical/actuarial clerk, account/claims/audit clerk, payroll clerk, recording/registry/filing clerk, betting clerk, stores/inventory clerk, purchasing/supply logistics/order clerk, freight/transport/shipping clerk, bond clerk, customs agent, customer services clerk, admissions clerk)

**Inquiry/admissions clerk** (customer inquiry/complaints/service clerk, hospital admissions clerk)



**Office** (secretary, personal assistant, desktop publishing operator, switchboard operator)  
**Sales** (sales representative (goods and service), auctioneer, insurance agent/assessor/loss adjuster, market researcher, real estate sales agent)  
**Carer** (aged/disability/refuge/child care/welfare support worker, nanny, nursing support)  
**Service** (parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor/supervisor, inspectors and regulatory officers)

**GROUP 4: MACHINE OPERATORS, SALES / OFFICE / SERVICE / HOSPITALITY STAFF, ASSISTANTS, LABOURERS, AND RELATED WORKERS**

**Machine operators**  
**Driver or mobile plant operators** (car/taxi/bus/coach/tram/truck/train driver, driving instructor, courier/deliverer, forklift driver, garbage collector, bulldozer/loader/grader/excavator/earthmoving plant operators, farm/horticulture/forestry machinery operators)  
**Production/processing machine operator** (engineering, chemical, petrol, gas, water sewerage, cement, plastics, rubber, textile, footwear, wood/paper/glass/clay/stone/concrete production/processing machine operators)  
**Other machine operator** (photographic developer/printer, industrial spray painter, boiler/air conditioning/refrigeration plant operators, railway signals/points, crane/hoist/lift/bulk materials handling machinery operators, driller, miner)  
**Sales office, hospitality staff and other assistants**  
**Sales** (sales assistant, motor vehicle/caravan/parts salesperson, sales representatives, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker/filler)  
**Office** (typist, word processing/data entry/business/keyboard/machine operator, receptionist, office assistant, general clerk)  
**Hospitality staff** (hotel service supervisor, receptionist, waiter, bar attendant, barista, kitchen-hand, porter, housekeeper, fast food cooks)  
**Assistant/aide** (trades assistant, school/teacher's/education aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant)  
**Defence Forces** ranks below senior NCO  
**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, store person, guard, commercial cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor, security office)

**Parent Confirmation**

I / we are members for the Free Reformed School Association Inc.	Yes	No
I / we have read and understand the preamble to this form relating to the key foundational elements of the FRSA, specifically <u>Reformed Education</u> and <u>Communal Membership</u> .	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
I / 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 my / 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:  
FRSA Membership payments (and education fees - where applicable) up-to-date:

Checked with Accounts:

**Received:**

Child's birth certificate.  
Proof of immunisation (no more than 2 months old).  
Proof of residency/citizenship (where applicable).  
Health related documents eg Action Plans, copies from health practitioners (where applicable).  
Copy of court order (where applicable).  
Enrolment confirmed.








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

## ACTION PLAN FOR

Name .....  
Date .....  
Next asthma check-up due .....

## DOCTOR'S CONTACT DETAILS

Name .....  
Phone .....

## 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 WORSEN

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

[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)

National Asthma Council Australia retained editorial control. © 2023



**National  
Asthma  
Council**  
AUSTRALIA