



What's your asthma story?

Asthma impacts one in 10 children in Australia and remains a leading cause of school absenteeism. As a parent/carer of a child with asthma you want them to be safe and well and so does Asthma Australia.

The You Care We Care Campaign asks parents/carers to share their stories. During National Asthma Week 2015 your stories will be published as an digital story book and will be presented to the Prime Minister as well as each State and Territory Premier or Chief Minister and their respective Ministers for Health.

All stories are welcome

We want to hear all different types of stories. tell us about:

- *The good times* - has your child has done well at sport, or received outstanding marks at school?
- *The frustrating parts* - has your child had to face additional challenges because of their asthma or struggled to get the support they needed to reach their full potential?
- *The sad moments* - has your child missed out on things they enjoy, have they spent time in hospital or had their lives tragically cut short due to asthma?



Share your story - #MyAsthmaStory

To share your story use the **#myasthmaStory** hashtag via Facebook, Twitter or by completing our online form at asthmaaustralia.org.au/ycwc

Stories should be no longer than 100 words and include photo where possible.



Asthma Australia

1800 ASTHMA (1800 278 462)
asthmaaustralia.org.au/ycwc



I've had Asthma First Aid today ...

Please tick appropriate response boxes.



**Asthma
Australia**

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School/service

Dear Parent/carer

Today your child, _____, received Asthma First Aid.

When medication was administered: _____ am/pm ____ / ____ / _____ (date)

☐ by the student

☐ by a staff member: _____ (name)

What Dose administered was _____ puffs of _____

Puffer and spacer used were

☐ the student's own

☐ from an Asthma Emergency Kit

Where the asthma flare-up occurred

☐ in the classroom

☐ during/after sport

☐ during recess/lunch break

☐ other: _____

Further information

Please contact us if you require further information. This form was completed by:

_____ (name); _____ (role)

Contact details: _____

To assist our staff to continue to manage your child's asthma, please provide if ticked:

☐ a new reliever puffer

☐ a spacer

☐ an Asthma Plan signed
by their doctor

☐ other: _____

Asthma Kids for primary aged children **asthmakids.org.au**

Take control of your child's asthma – register for Asthma Assist today and receive a FREE Asthma Control Pack. Contact your local Asthma Foundation:

1800 ASTHMA (1800 278 462) **asthmaaustralia.org.au**