This form is to be completed by parents/carers of students with asthma prior to an excursion or camp. The form is to be attached to a copy of the student’s Asthma Action Plan and brought with students to the camp or excursion. Please provide as much detail as possible.

OTHER MEDICAL CONDITIONS

Has the student had any other illness in the last two weeks?  
If YES, please provide details:  

Nature of illness? __________________________________________________________________________  
When? __________________________________________________________________________  

Severity? __________________________________________________________________________  
Has this affected their asthma?  

ALLERGIC RHINITIS (HAY FEVER)

Does the student hay fever?  

Does the student have an action plan for hay fever?  

Confirmed Triggers for hay fever  

Medication  
Device  
Dose  
When  

Treatment

ADDITIONAL ASTHMA MEDICATION REQUIREMENTS

1. Medication  
Device  
Dose  
When  

Instructions for use  

2. Medication  
Device  
Dose  
When  

Instructions for use

For asthma information and support or to speak with an Asthma Educator call 1800 ASTHMA (1800 278 462) or visit asthma.org.au

© Asthma Australia August 2019