

# SCHOOL CAMP AND EXCURSION

VICTORIAN SCHOOLS

ASTHMA UPDATE FORM

Student's name:

DOB:

Confirmed triggers:

Has the student been hospitalised due to asthma, had an acute asthma attack or worsening asthma in the last two weeks?

Y  N

Has the student's asthma medications changed in the last two weeks?

Y  N

Is the student well enough to attend camp/excursion?

Y  N

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?

Y  N

If YES, please provide details:

Nature of illness? \_\_\_\_\_ When? \_\_\_\_\_

Severity? \_\_\_\_\_ Has this affected their asthma?  Y  N

## ALLERGIC RHINITIS (HAY FEVER)

Does the student hay fever?  Y  N Does the student have an action plan for hay fever?  Y  N

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

Doctor's Name:

Emergency Contact:

Additional information

Phone:

Phone:

Address:

The information provided on this plan is true and correct.

Signed:

Date:

For asthma information and support or to speak with an Asthma Educator call **1800 ASTHMA** (1800 278 462) or visit [asthma.org.au](http://asthma.org.au)

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