

Student Name: _____

Photo

Student needs to pre-medicate prior to exercise

Student can administer own medication

First family/emergency contact name: _____

Work Ph: _____

Home Ph: _____

Mobile: _____

Second family/emergency contact name: _____

Work Ph: _____

Home Ph: _____

Mobile: _____

Doctors Name: _____

Phone: _____

The information provide on this plan is true and correct

Signed (parent or guardian): _____

Date: _____

Additional information:

School Camp and Excursion Asthma Update Form

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.

STUDENTS MEDICAL DETAILS

Has the student been hospitalized due to asthma, had an acute asthma attack or worsening asthma in the last two weeks? Yes No

Has the student's asthma medications changed in the last two weeks? Yes No

Has the student had any other illness in the last two weeks? Yes No

If YES, please provide details:

Nature of illness?

When?

Severity?

Has this affected their asthma? Yes No

Is the student well enough to attend camp/excursion? Yes No

ADDITIONAL ASTHMA MEDICATION REQUIREMENTS

Example

Medication	Device	Dose	When
<i>Flixotide</i>	<i>puffer and spacer</i>	<i>1 puff</i>	<i>Twice daily</i>

Instructions for use

1 puff in the morning, and 1 puff of a night. Rinse mouth out after using

Please provide as much detail as possible

1. Medication	Device	Dose	When
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Instructions for use

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2. Medication	Device	Dose	When
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Instructions for use

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3. Medication	Device	Dose	When
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Instructions for use

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