

School Camp and Excursion

Asthma Update Form



Asthma
Foundation VIC

Name: _____

Date of birth: _____

Confirmed Triggers

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

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

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? Yes No

If YES, please provide details:

Nature of illness? _____ When? _____

Severity? _____ Has this affected their asthma? Yes No

ALLERGIC RHINITIS (HAY FEVER)

Does the student hay fever? Yes No Does the student have an action plan for hay fever? Yes No

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

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Doctors Name: _____

Phone: _____

Address:

Emergency Contact: _____

Phone: _____

The information provided on this plan is true and correct.

Signed: _____

Date: _____

Additional information: