

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?
If YES, please provide details:

Y N

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