ASTHMA MANAGEMENT PLAN

To assist us in taking the appropriate precautions for you, it is important that we have the following information. The Asthma Foundation recommends this level of information as a minimum.

Name _________________________________________________________________________________
Regular medication: ______________________________________________________________________
Quantities and daily dosages: _______________________________________________________________
Additional medication to be taken during an attack:______________________________________________
The medication listed above must be brought to the camp.
Expected best peak Expiratory flow reading:___________________________________________________
Peak Expiratory flow reading requiring extra medication:_________________________________________
Peak Expiratory flow reading when advisable to seek medical assistance:______________________________

Know trigger factors (please tick any appropriate item)
☐ Dust of any sort, in sufficient quantities.
☐ Sudden change in temperature.
☐ Contact with animals
☐ Grass and weeds with pollen, mould.
☐ Atmospheric pollution.
☐ Vigorous exercise
☐ Other – details _______________________________________________________________________

Any further information that you may wish to supply us regarding any medical considerations for you would be greatly appreciated.

ALLERGIC REACTION MANAGEMENT

Please read through the allergy management part of this form and complete;

Have you ever suffered an allergic reaction to?
☐ Insect bites  ☐ Food groups or additives  ☐ Plant pollens

☐ Toxins  ☐ Detergents or cleaning product  ☐ Other triggers

If you have ticked any of the above then it is required that you provide more details on a separate piece of paper and attach to this form.

Your time in completing these forms is greatly appreciated and only assists us in being better prepared for your Outdoor Education Program.