

# 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

Doctors Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

The information provided on this plan is true and correct.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Additional information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_