

The Portsea Camp

Confidential

Children's Holiday Camp Asthma Management Form

This record is to be completed by parents / guardians in consultation with their child's doctor.

Child's family name Child's first name

Child's date of birth..... Parent / guardians name

USUAL ASTHMA MANAGEMENT PLAN

Usual signs of child's asthma	Worsening signs of child's asthma	What triggers the child's asthma?
	Increased signs of:	
Wheezing <input type="checkbox"/>	Wheezing <input type="checkbox"/>	Exercise <input type="checkbox"/>
Tightness in chest <input type="checkbox"/>	Tightness in chest <input type="checkbox"/>	Colds / viruses <input type="checkbox"/>
Coughing <input type="checkbox"/>	Coughing <input type="checkbox"/>	Pollens <input type="checkbox"/>
Difficulty in breathing <input type="checkbox"/>	Difficulty in breathing <input type="checkbox"/>	Dust <input type="checkbox"/>
Difficulty speaking <input type="checkbox"/>	Difficulty speaking <input type="checkbox"/>	Food <input type="checkbox"/>
Other (please describe)	Other (please describe)	Which foods? Other triggers (please describe)

Does your child need assistance taking their medication? Yes No

Any other information that will assist with the asthma management of the child while on camp.

e.g., peak flow action plan, night time asthma, recent attacks (attach additional information if necessary)

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Medication requirements – including preventers, symptom controllers, medication before exercise

Name of Medication	Method e.g., puffer & spacer, turbuhaler	When, and how much?

P.T.O.

ASTHMA FIRST AID PLAN

Please tick (✓) preferred First Aid Plan:

Victorian Schools Asthma Policy for Emergency Treatment of an Asthma Attack

Section 4.5.7.8 of Department of Education Schools of the Future Reference Guide:

1. Sit the child down and remain calm to reassure the child
2. Without delay shake a blue reliever puffer (Ventolin, Airomir, Asmol or Bricanyl) and give 4 separate puffs, through a spacer (spacer technique – 1 puff / take 4 breaths from spacer, repeat until 4 puffs have been given).
3. Wait 4 minutes. If there is no improvement, give another 4 separate puffs, as per step 2.
4. Wait 4 minutes. If there is no improvement, call an ambulance (dial 000) immediately and state that “a child is having an asthma attack”.
5. Continuously repeat steps 2 & 3 whilst waiting for the ambulance to arrive.

Student’s Emergency Treatment (if different from above)

- In the event of an asthma attack at camp, I agree to my son / daughter receiving the treatment described above.
- I authorise camp staff to assist my child with taking asthma medication should they require help
- I will notify you in writing if there are any changes to these instructions.
- Please notify me if my child regularly has asthma symptoms at camp.
- Please notify me if my child has received asthma first aid.
- I also agree to pay all expenses incurred for any medical treatment deemed necessary.

Parent’s / Guardian’s Signature.....Date

Doctor’s Signature.....Date.....

For further information about the Victorian Schools Asthma Policy, the Asthma Friendly Schools Program and asthma management please contact: Asthma Victoria on (03) 9326 7088 or Toll Free 1800 645 130 or visit the Asthma Foundation’s web site www.asthma.org.au

Our thanks to Asthma Victoria and Commonwealth Department of Health and Aged Care for wording used on this form.