SCHOOL CAMP ASTHMA ACTION PLAN

FORM TWO
MEDICAL UPDATE FORM

Complete this form and return it to school the day BEFORE your child leaves for camp.
FORM ONE (School Camp Asthma Action Plan) and this FORM TWO should both be taken to camp.
This form will ensure that staff have the most up to date medical information about the student and their asthma.
Please ensure that your child brings all relevant asthma medications to camp.

Student’s Name ________________________________

Emergency Contact Name ____________________________________________ Phone __________ Mobile __________
Parent’s / carer’s names) ____________________________________________

Phone: (H) ___________________________ (W) ____________________________ (M) ___________________________

1. Has the student been hospitalised, had an acute asthma attack or had worsening asthma in the last two (2) weeks before camp? Yes No
2. Is the student well enough to attend camp? Yes No
3. Has the student’s medications changed in the last two (2) weeks? Yes No
   
   If yes, please provide details of new medication requirements in the table below

<table>
<thead>
<tr>
<th>Name of Medication (e.g. Flixotide, Ventolin)</th>
<th>Method (e.g. puffer &amp; spacer, dry powder inhaler))</th>
<th>When and how much? (e.g. 1 puff in morning and 1 at night, before exercise)</th>
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4. Has the student had any other illness in the last two (2) weeks? Yes No
   
   If yes, please give details
   
   Nature of illness? ______________________________________________________
   
   When? _________________________________________________________________
   
   Severity? _______________________________________________________________
   
   Has this affected their asthma? Yes No

Parent’s / Guardian’s Signature: __________________________________________ Date _____ / ____ / _____

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