



SCHOOL CAMP AND EXCURSION MEDICAL UPDATE FORM

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.

Student Name: _____

Emergency Contact Name: _____

Phone: (H) _____ (W) _____ (M) _____

Parents/Carers Name: _____

Phone: (H) _____ (W) _____ (M) _____

Has the student been hospitalized due to asthma, had an acute asthma attack or worsening asthma in the last two weeks? (please circle) Yes No

Is the student well enough to attend camp/excursion? (please circle) Yes No

Has the student's medications changed in the last two weeks? (please circle) Yes No

Please provide details of students medication and instructions for use in the table below

Medication requirements:		
Name of Medication <i>(eg. Flixotide, Asmol)</i>	Method <i>(eg. puffer & spacer, dry powder inhaler)</i>	When and how much? <i>(eg. 1 puff in morning, 2 puffs at night, 2 puffs before exercise)</i>

Has the student had any other illness in the last two weeks? (please circle) Yes No

If YES, please give details:

Nature of illness? _____

When? _____

Severity? _____

Has this affected their asthma? (please circle) Yes No

Parent's/Carers's Signature: _____ **Date** ____/____/____