

THE OUTDOOR ADVENTURE COMPANY PTY LTD

Trading as Outdoor Adventure Camps

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ASTHMA MEDICAL FORM

The following information is to be filled out by the parent/guardian of the participant who suffers from asthma, to provide assistance should the participant have an asthma problem during camp.

SCHOOL			
CAMP DATES			
Participant's Name			
Parent or Guardian			
Contact Telephone		Mobile Number	
Doctor's Name			
Doctor's Telephone		Mobile Number	

ASTHMA MEDICATION

Please circle the preventers or relievers (bronchodilator) medications used by the asthmatic:

PREVENTERS: Becotide Becloforte Aldecin Pulmicort Intal Intal forte Other

RELIEVERS: Brincanyl Respolin Ventolin Atrovent Other

WHAT FACTORS MAY TRIGGER YOUR CHILD'S ASTHMA?

Circle any factors that may trigger your child's asthma. Attach note if necessary.

Dust Grasses Plants Animal Fur Moulds Pollens Exercise Cold Fuel Fumes Paints
Conditions

Food Preservatives	Type:
Food Colourings	Type:
Flavourings eg.MSG	Type:
Drinks	Type:
Other Foods	Type:
Are there any specific food groups that should be avoided eg dairy products?	
Are there <u>ANY</u> other factors that may trigger asthma?	

ASTHMA MEDICAL FORM

HOW SEVERE IS YOUR CHILD'S ASTHMA?

Has your child needed medical attention for asthma in the last twelve months?	YES / NO
Does your child require asthma medication most weeks of the year?	YES / NO
Does your child wake regularly at night due to asthma?	YES / NO
Is your child's peak flow consistently below expected despite treatment?	YES / NO

PEAK FLOW

Does your child have a peak flow meter?	YES / NO
If YES, will it be brought to camp?	YES / NO
What is their normal reading?	

MANAGEMENT PLAN

For optimum assistance to your child we ask for the following information to provide a preventative plan of management:

→ What are the warning signs for the onset of a major attack?

→ What do you consider the best strategies for relief from an attack?

→ What preventative plan of management should be undertaken during to prevent a major attack?

Has the participant been taken through the, 'National Asthma Campaign's Asthma Management Plan'?	YES / NO
Does your child carry a completed Asthma Action Plan Card?	YES / NO

Additional information:

PARENTS – FOR MORE INFORMATION REGARDING YOUR CHILD'S SCHOOL CAMP VENUE, PLEASE SEE OUR WEBSITE AT:

www.outdooradventurecamps.com.au