

Maroon Outdoor Education Centre

ASTHMA MANAGEMENT FORM

To help ensure the safety of your son / daughter it is essential that if they have any asthma condition that this form is completed accurately and with as much detail as possible. All information will remain confidential to teachers and any relevant care and response personnel.

PLEASE PRINT ALL DETAILS

NAME: _____

DOCTOR: _____ DOCTOR'S PHONE No.: _____

1. What may trigger an asthma reaction ? (Food, Exercise, Cold weather, Pollen, Animal Fur etc)

2. What are the participant's usual symptoms of asthma?

Wheezing Difficulty in breathing

Tightness in chest Coughing

Other (please describe): _____

3. Please complete the usual asthma management plan below:

Medication	Dosage (e.g. 2 puffs)	Method (e.g. puffer & spacer)	How often? (e.g. every 4 mins)

Additional comments:

4. What are the participant's signs/symptoms of *worsening* asthma?

Please describe: _____

5. How severe is the participant's asthma (✓)?

Participant requires Asthma medication most weeks of the year Yes No

Participant wakes regularly at night with Asthma Yes No

Participant has required urgent medical attention for Asthma in the last year Yes No

6. If you have ticked YES to any of the questions in 5 above, please indicate preferred action plan below:



Standard Asthma First Aid Plan

- Step 1 Sit the student upright, remain calm and provide reassurance. Do not leave the student alone.
- Step 2 Give 4 puffs of a blue reliever puffer (Airomir, Asmol, Bricanyl or Ventolin), one puff at a time, preferably through a spacer device*. Ask the student to take 4 breaths from the spacer after each puff.
- Step 3 Wait 4 minutes
- Step 4 If there is little or no improvement, repeat steps 2 and 3.
- Step 5 If there is still little or no improvement, call an ambulance immediately.
- Step 6 Continue to repeat steps 2 and 3 while waiting for an ambulance.

If ambulance response time exceeds 30 minutes:

- Step 7 Give 12 puffs of a blue reliever puffer (Airomir, Asmol, Bricanyl or Ventolin), one puff at a time, preferably through a spacer device*. Ask the student to take 4 breaths from the spacer after each puff.
- Step 8 Wait 20 minutes
- Step 9 If there is little or no improvement, repeat steps 7 and 8.

* Use blue reliever puffer on its own if no spacer is available.

OR



My Child's Asthma First Aid Plan (Attached)

7. Is there anything else we should know about the participant's asthma condition?

IMPORTANT NOTES

If any of the Key Questions in Question 4 have a YES response:

- It is advised that you consult your doctor before attending camp.
- Your doctor may contact the teacher in charge of the camp at your school and/or Maroon Outdoor Education Centre (5463 6333).
- A letter from this person's doctor outlining the participant's asthma management **may** accompany this form when it is returned. Included in the asthma management plan **could** be the following:
 - Preventative steps to avoid asthma reaction.
 - Warning signs for the onset of a severe asthma attack.
 - Best strategies for obtaining relief.
- Programs conducted at Maroon OEC involve a high level of physical activity and are conducted predominantly out of doors.
- Maroon OEC is a 30 minute drive from the nearest ambulance, doctor or hospital and, in some instances, the response time for medical attention may exceed 3 hours.
- Maroon Outdoor Education Centre teachers carry Ventolin in their first aid kits and are trained to an intermediate first aid level.

I declare that the information provided on this form is complete and correct.

PARENT / GUARDIAN'S SIGNATURE: **DATE:**