

SCHOOL CAMP ASTHMA ACTION PLAN

FORM 1

This record is to be completed by parents/carers in consultation with their child's doctor (general practitioner). Please tick (✓) the appropriate box and print your answers clearly in the blank spaces where indicated. This school is collecting information on your child's asthma so we can better manage asthma while your child is in our care. The information on this Plan is confidential. All staff that care for your child will have access to this information to provide safe asthma management for your child at school and on camp. The school will only disclose this information to others with your consent. Please contact the school at any time if you need to update this Plan or you have any questions about the management of asthma at school. If no Asthma Action Plan is provided by the parent/carer, the staff will treat asthma symptoms as outlined in the Victorian Schools Asthma Policy, 2003.



Student's Name _____ Gender M F

Age _____ Date of Birth ____/____/____ Form/Class _____

Name of Emergency Contact (eg. parent / carer) _____

Phone (H) _____ (B/H) _____ Mobile _____

Doctor's Name _____ Phone _____

Ambulance Subscriber Y N Subscriber no. _____ Medicare No. _____

PHOTO
(optional)

USUAL ASTHMA ACTION PLAN

Usual signs of student's asthma

Wheezing _____

Tightness in chest _____

Coughing _____

Difficulty in breathing _____

Difficulty speaking _____

Other (please describe) _____

Worsening signs of student's asthma

Increased signs of:

Wheezing _____

Tightness in the chest _____

Coughing _____

Difficulty in breathing _____

Difficulty speaking _____

Other (please describe) _____

What trigger's the student's asthma

Exercise _____

Colds/viruses _____

Pollens _____

Dust _____

Smoke _____

Weather changes _____

Other triggers (please describe) _____

Does your child need assistance taking their medication? Y N

Any other information that will assist with the asthma management of the student while on camp
eg. peak expiratory flow action plan, night time asthma, recent attacks

Medication requirements: (including medication before exercise)

Name of Medication	Method (e.g. puffer & spacer, Turbuhaler, Accuhaler)	When, and how much



WHERE FOOD IS SUPPLIED BY PARENTS/GUARDIANS:

Please send food items that:

- Are easily served with minimal preparation (ie. frozen meals to be thawed/heated)
- Are clearly marked including the child's name and school
- Are as close as possible to the camp's standard menu, so your child feels included
- Do not include nuts, as they are a common allergen and may pose a risk to others
- Are transported to camp under the appropriate food handling and safety requirements (see attached reference (P.12) – Food Safety Victoria)

NUT PRODUCTS

Please note Waratah Beach Camp P/L endeavors to have no nut products onsite. However, some foods onsite are labelled as 'may contain traces of nut or nut product' or 'manufactured on equipment that may produce products containing nuts or nut product', or similar phrases.

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SPECIAL DIETARY NEEDS FORM

A Special Dietary Needs Form must be completed for every person attending camp who has special dietary needs, whether or not they are supplying their own food. This includes people with severe and life threatening conditions, mild conditions, medical conditions and cultural/religious requirements relating to food.

Supervision of children's special dietary requirements while on camp is the responsibility of the school's Teacher/Leader in charge of Dietary Needs. Please ensure you have completed and returned a special dietary needs form for your child and you have discussed their needs with the Teacher/Leader in charge of Dietary Needs.

SCHOOL CAMP ASTHMA ACTION PLAN

FORM 1

Asthma First Aid Plan

Please tick (✓) preferred First Aid Plan:

Victorian Schools Asthma Policy for Asthma First Aid

Section 4.5.7.8 of the Department of Education and Training's Victorian Schools Reference Guide

1. Sit the student down and remain calm to reassure the student. Do not leave the student alone.
2. Without delay shake a blue reliever puffer (Ventolin, Airomir, Asmol or Epaq) 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 student is having an asthma attack".
5. Continuously repeat steps 2 & 3 whilst waiting for the ambulance to arrive.

If at any time the student's condition worsens, call an ambulance immediately.

OR

Student's Asthma First Aid Plan (if different from above)

- Please notify me if my child regularly has asthma symptoms at school/camp.
- Please notify me if my child has received asthma first aid.
- In the event of an asthma attack at camp, I agree to my son/daughter receiving the treatment described above.
- I authorise school 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.
- I also agree to pay all expenses incurred for any medical treatment deemed necessary.

Parent's / Guardian's Signature: _____ Date ____/____/____

Doctor's Signature: _____ Date ____/____/____

Doctor's Provider Number _____

For further information about the Victorian Schools Asthma Policy, the Asthma Friendly™ Schools Program and asthma management please contact: The Asthma Foundation of Victoria on (03) 9326 7088 or Toll Free 1800 645 130 or visit our website