Student name: ___________________________ House: __________________

Camp dates from ______/____/____ to ______/____/____

Camp name (e.g. Year 9 Endeavor Camp):

IMPORTANT INFORMATION FOR PARENTS

Asthma is a potentially serious condition. Both you and your child should have a good understanding of the severity of the Asthma suffered and know the necessary management practices for Monitoring, Prevention and Relief of Asthma. This is best established by a visit to your doctor. Your Family Doctor should take your child through the “National Asthma Campaign’s Six Step Asthma Management Plan” and should complete an Asthma Action Plan card to be carried by the patient at all times.

It is essential that St. Philip’s Outdoor Education Staff also has a good understanding of your child’s condition in order to be able to assess the risk associated with different activities to your child and also to be able to offer the best possible care, should an attack occur. For this reason we require that students who suffer from Asthma have the following information completed.

~ Pay special attention to the ‘Key Questions’ overleaf.

~ Seek the advice of the asthmatic's doctor if necessary when completing this form.

IMPORTANT INFORMATION FOR THE DOCTOR

St. Philip’s Outdoor Education program often includes outdoor expeditions in isolated locations under canvas. Assistance in the worst case scenarios is usually no more than a couple of hours away on our most isolated programs. However, certain circumstances outside of our control may increase this time period. All instructors have a First Aid Certificate. We have available a back up Foot Pump Nebuliser for those Asthmatics who require it and who bring their own nebuliser medication. To assist us in this we require your help in establishing measures to ensure students are as educated as possible about their condition and largely capable of self-management. If you would like further information please feel free to contact the Head of Outdoor Education on (08) 8950 4511.

1. Usual maintenance medical programme followed by the asthmatic:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

2. Peak Flow Readings(Bring Own Peak Flow Meter): Best: __________ Critical: __________

3. Medication and treatment to be used during worsening asthma:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

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4. Medication and treatment to be used during crisis situations:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

5. List any known asthma trigger factor(s) experienced by the asthmatic:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

KEY QUESTIONS

6. Has the asthmatic been admitted to hospital due to asthma in the past 12 months?
   YES [ ]     NO [ ]

7. Has the asthmatic been on oral cortisone for asthma within the past 12 months (eg. Prednisolone, Cortisone, Prednisone, Betamethasone, etc)?
   YES [ ]     NO [ ]

8. Has the asthmatic suffered sudden severe asthma attacks requiring hospitalisation?
   YES [ ]     NO [ ]

IMPORTANT NOTES:
If any of the "KEY QUESTIONS" 6, 7, or 8 above should be answered "YES", then THE DECISION FOR THE ASTHMATIC TO ATTEND RESTS WITH THE ASTHMATIC'S DOCTOR AND ST PHILIP'S COLLEGE.

- The asthmatic's doctor should contact Mr David Armstrong at St Philip's (8950 4511) to obtain information about the trip.
- A letter from the asthmatic's doctor, stating the doctor's decision must accompany this form when it is returned.

PARENT/GUARDIAN TO SIGN

I DECLARE THAT THE INFORMATION PROVIDED ON THIS FORM IS COMPLETE AND CORRECT. I WILL NOTIFY THE HEAD OF OUTDOOR EDUCATION IMMEDIATELY, IF ANY OF THE INFORMATION CHANGES.

Name: ____________________________ Signature: ____________________________ Date: __________

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