



# SCHOOL CAMP ASTHMA ACTION PLAN

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Emergency Contact (eg. Parent/Carer) \_\_\_\_\_

Phone (H) \_\_\_\_\_ B/H \_\_\_\_\_ Mobile \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Ambulance Subscriber Yes / No Subscriber No. \_\_\_\_\_ Medicare No. \_\_\_\_\_

**Usual signs of student's asthma:**

- Wheeze     Tight Chest     Cough     Difficulty breathing     Difficulty talking

Other .....

**Signs student's asthma is getting worse**

- Wheeze     Tight Chest     Cough     Difficulty breathing     Difficulty talking

Other .....

**Student's Asthma Triggers**

- Cold /Flu     Exercise     Smoke     Pollens     Dust

Other .....

**Asthma Medication Requirements (including relievers, preventers, symptom controllers, combination)**

Name of Medication	Method (eg. Puffer & spacer)	When & How much

**Does the student need assistance taking their medication?** Yes / No

**Any other information that will assist with the asthma management of the student while on camp**  
e.g. peak expiratory flow, night time asthma or recent attacks.

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# ASTHMA FIRST AID PLAN

Please tick preferred Asthma First Aid Plan

**Victorian Schools Asthma Policy for Asthma First Aid** (Section 4.5.10.3 of the Department of Education and Early Childhood Development Victorian Government Schools' Reference Guide)

**Step 1.** Sit the person upright  
- **be calm and reassuring**  
- **Do not leave them alone.**

**Step 2.** Give medication  
- **Shake the blue reliever puffer**  
- **Use a spacer if you have one**  
- **Give 4 separate puffs into a spacer**  
- Take 4 breaths from the spacer after each puff

\*You can use a Bricanyl Turbuhaler if you do not have access to a puffer and spacer  
Giving blue reliever medication to someone who doesn't have asthma is unlikely to harm them

**Step 3.** Wait 4 minutes  
- If there is no improvement, repeat steps 2.

**Step 4** If there is still no improvement call emergency assistance (**DIAL 000**).  
- **Tell the operator the person is having an asthma attack**  
- **Keep giving 4 puffs every 4 minutes while you wait for emergency assistance**

**Call emergency assistance immediately (DIAL 000) if the person's asthma suddenly becomes worse**

OR

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

In the event of an asthma attack, 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 agree to pay all expenses incurred for any medical treatment deemed necessary.

Parent's/Guardian's Signature ..... Date ...../...../.....