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## Asthma Management Plan (Go to next page for allergic reactions)

To assist us in taking the appropriate precautions for you, it is important that we have the following information. The Asthma Foundation recommends this level of information as a minimum.

**Name:** \_\_\_\_\_ **Regular medication:** \_\_\_\_\_

Quantities and daily dosages: \_\_\_\_\_

Additional medication to be taken during an attack: \_\_\_\_\_

1. The medications listed above must be brought to the camp.
2. Expected best peak expiratory flow reading: \_\_\_\_\_
3. Peak expiratory flow reading requiring extra medication: \_\_\_\_\_
4. Peak expiratory reading when advisable to seek **medical** assistance: \_\_\_\_\_

**Known trigger factors (please tick any appropriate items);**

- |   |  |
|---|--|
| <input type="checkbox"/> Dust of any sort, in sufficient quantities | <input type="checkbox"/> Sudden change in temperature  |
| <input type="checkbox"/> Contact with animals                       | <input type="checkbox"/> Grass and weed pollens, mould |
| <input type="checkbox"/> Atmospheric pollution                      | <input type="checkbox"/> Vigorous exercise             |
| <input type="checkbox"/> Other – Details:                           |  |

Any further information that you may wish to supply us regarding any **medical** considerations for you or your child would be greatly appreciated.

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## Allergic Reaction Management Form - Part One

Have you ever suffered an allergic reaction to;

- Insect bites
- Plant Pollen
- Detergents or cleaning agents
- Food groups or additives
- Toxins
- Other triggers \_\_\_\_\_

If you have ticked any of the above then it is required that you fill in Part Two of the Allergic reaction Management form.

## Allergic Reaction Management Form - Part Two

Seek the advice of your **medical** practitioner if necessary when completing this form.

**Name:** \_\_\_\_\_

What are you allergic to \_\_\_\_\_

Signs and symptoms of the reaction \_\_\_\_\_

Have you at any time suffered from; **(please tick any appropriate items)**

- A localised reaction (any rash, itching, swelling at the site the poison has entered)
- A systemic reaction (any rash, itching swelling away from the site where the poison has entered)
- An anaphylactic reaction (severe breathing problems, swelling of the body, emergency situation)
- Been hospitalised due to an allergic reaction?

Is adrenaline (e.g. adrenaline injection, medi-epihaler, epi-pen) administered when you suffer from an allergic reaction?

**Yes**                      **No**                      (please circle one)

What medication do you take (if any) for prevention against an allergic reaction?

\_\_\_\_\_

All medication for the sufferer's allergic reaction must be brought on the program by the participant and noted on the **medical** form. What treatment is followed for you if an allergic reaction occurs?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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If you have ever experienced an anaphylactic reaction (severe breathing problems, swelling of the body, emergency situation) or been hospitalised due to allergic reaction then the following **is mandatory**:

1. Your **medical** practitioner must be consulted about your participation in the outdoor program.
2. Your participation in the program will depend on full agreement by School Coordinator, **Medical Practitioner**, your Parents/Guardians and Camp Hosanna Management

The **medical** practitioner is to be advised the following information:

1. Camp Hosanna is located approximately 15 minutes from a hospital.
2. The closest ambulance facilities are stationed within 15 minutes

Any medications taken by your child should be detailed on our **medical** form. Instructions regarding dosage, frequency etc. should be clearly advised. The name of your child should be noted predominantly on any medication. If administration of medicine is to be done by a person other than your child, please ensure full instructions are provided to the school or group leader prior to the commencement of the camp.

**Thank you.**

Camp Hosanna Team