

## LAND'S EDGE ASTHMA MANAGEMENT FORM

This form **MUST** be completed if your child is asthmatic

This level of information is recommended as a minimum by the Asthma Foundation. This information will assist Land's Edge staff to take the appropriate precautions for your child. Seek the advice of your medical practitioner if necessary when completing this form.

Student name: \_\_\_\_\_

Regular medication taken for asthma: \_\_\_\_\_

Dosage: \_\_\_\_\_

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

**The medications listed above MUST be supplied while participating in Land's Edge Holiday Programs.**

Expected best Peak Expiratory flow reading: \_\_\_\_\_

Peak Expiratory flow reading requiring extra medication: \_\_\_\_\_

Peak Expiratory flow reading when advisable to seek medical assistance: \_\_\_\_\_

Known trigger factors: (Please tick appropriate item)

- Dust of any sort, in sufficient quantities
- Sudden change in temperature
- Grass and weed pollens
- Mould
- Atmospheric pollution
- Vigorous exercise
- Contact with animals
- Other (*please detail*): \_\_\_\_\_