

OUTDOOR EDUCATION  
**STUDENT ASTHMA  
INFORMATION FORM**



METHODIST  
LADIES'  
COLLEGE

**SECTION 1**

Student Surname \_\_\_\_\_

Student Given Names \_\_\_\_\_

Student Year \_\_\_\_\_ Programme Name \_\_\_\_\_

Dear Parent,

College records or you have identified your daughter as having asthma. The Department of Health describes a person with well controlled asthma (When Well) as having;

- No wheeze, cough or chest tightness.
- Can play and exercise without wheeze, cough or chest tightness.
- Need reliever puffer less than 3 times a week (not including before exercise)
- Not waking at night due to asthma.

Using the above description has your daughter's asthma been well controlled during the last 12 months?  No  Yes

If No, please attach a copy of a current (less than 1 year old) doctor certified Asthma Action Plan and only complete section 3 below. If Yes, your daughter's asthma is well controlled, please complete sections two and three and we do not require the action plan.

**SECTION 2: MANAGING YOUR DAUGHTER'S WELL CONTROLLED ASTHMA**

My daughters known asthma triggers are \_\_\_\_\_

My daughter's usual treatment plan for asthma is as follows

Preventer \_\_\_\_\_

Reliever \_\_\_\_\_

Combination Medication \_\_\_\_\_

My daughter always carries a reliever puffer  No  Yes

**SECTION 3**

Is there anything else we should know to help manage your daughter's asthma during this programme? \_\_\_\_\_

All medications for the treatment or prevention of asthma must be clearly labelled with your daughter's details and listed on the MLC Medication / Supplements Form.

MLC Medication / Supplements Form attached?  No  Yes

Parent Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_