STUDENT MEDICATION/ASTHMA MANAGEMENT PLAN FOR OVERNIGHT PROGRAMMES

NAME OF STUDENT_________________________________________ YEAR/CLASS_______

The following information is required for overnight excursions only if applicable.

If applicable this form along with any medication your child is required to have during this period of time should be handed directly to the teacher on the morning of the excursion/camp.

Medication should be in the original packaging for it to be administered to your child.

ASTHMA MEDICATION AND INFORMATION

<table>
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<tr>
<th>Medication Name</th>
<th>Dosage Amount</th>
<th>Time and Frequency</th>
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It is advisable to provide an Asthma Action Plan with your child’s medication. Known Trigger Factors (please indicate any of the following)

- exercise
- allergens (eg, moulds, dust, pollens, grasses)
- drugs
- foods
- dust of any sort in sufficient quantities
- sudden changes in temperature
- contact with animals
- air pollutants
- respiratory infections

Please provide any additional information which may be useful in providing medical assistance

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

OTHER MEDICATIONS

Please list any other medication/s which may be required to be administered to your child for the duration of the Programme.

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I authorise and direct Macarthur Anglican School to administer the above medication/s to my child during the Programme whilst my child is under the care and control of the School.

Signature/s:_________________________________________ Date:____________________

Parent/s – Guardian/s