What to bring to Gold Creek Tourist Resort
Canberra Camp 2015.

Please label everything clearly and pack into a soft bag that
your child can wheel or carry and can identify easily.

Personal toiletries, toothbrush and toothpaste.
School hat, sunscreen, sunglasses & 2 water bottles.
Practical clothes for all kinds of weather.
Shorts & t-shirts.
Long pants & long sleeved tops.
2 warm windcheaters or polar fleece tops.
1 beanie.
1 pair gloves.
1 waterproof jacket
Socks & underwear for five days
Torch
Small pencil case & notebook in backpack for the bus trip.
Travelling games eg. cards, chess, connect four
Garbage bag for dirty / wet clothing.
Two pairs of runners (comfy walking shoes)

Optional : Digital camera and charger/iPod and charger (not
iPhones or iPads) and DVDs for the bus ride (PG) and pillows
for bus ride.

Up to $60.00 spending money in a named wallet.

Please note Teachers and parents take no responsibility for
cameras, iPods lost or damaged whilst on camp.

Please do not bring to camp
Mobile phones or iPads.
Jewellery.
Good clothes.
Singlets with straps.
Junk food, chewing gum or lollies.
Spray perfumes or spray deodorant.
Extra money

Senior School Team
Confidential medical information for school council approved excursions

(Please complete and return by Wednesday 18 March, 2015)

This information is intended to assist the school in the case of any medical emergency. All information is held in confidence. Under the Information Privacy Act 2000 and the Health Records Act 2001, schools have a duty to protect the privacy of the individual with regard to their personal and health information. All the personal and health information collected by this form will be kept confidential and only used for the purpose of providing appropriate care of your child. Health information is asked for so that staff can properly care for the student and withholding health information that may be required can put the student’s health at risk.

Child’s name: ____________________________ School year: ____________________________

Date of birth: ____________________________
Parent/guardian’s full name: ____________________________
Address: ____________________________ Postcode: ____________________________

Emergency telephone numbers: after hours: ____________________________ business hours: ____________________________
Name and address of family doctor: ____________________________

Medical/Hospital Insurance Fund: ____________________________
Contribution No: ____________________________
Medicare No of child: ____________________________ Exp date: ____________________________
Ambulance Subscription No.: ____________________________
Please tick if your child suffers any of the following:

- [ ] Asthma
- [ ] Bed wetting
- [ ] Blackouts
- [ ] Diabetes
- [ ] Dizzy spells
- [ ] Fits of any type
- [ ] Heart condition
- [ ] Migraine
- [ ] Sleepwalking
- [ ] Travel sickness
- [ ] Other

Allergies to:
Penicillin: ____________________________ Other drugs: ____________________________
Any foods: ____________________________
Other: ____________________________
Any special care needed: ____________________________

SPECIAL DIETARY REQUIREMENTS
Please fill the attachment so that I can inform the cooks. Include the child’s name, condition and contact numbers of parents. (not to be child preferences but legitimate dietary requirements)

Tetanus immunisation: year of last tetanus immunisation: ____________________________ (tetanus immunisation is normally given at four years of age (as Infanrix vaccine) and at fifteen years of age (as ADT vaccine)

Tablets and medicines: Is your child presently taking tablets and/or medicine? YES/NO
If YES, please state name of medication, dosage etc

All medication must be handed to the teacher-in-charge prior to leaving. All containers must be labelled with your child’s name, the dose to be taken and when it should be taken. (These will be kept in the first aid centre and distributed as required.) If it is necessary or appropriate for your child to carry their own medication (i.e. asthma puffers, insulin for diabetes) it must be with the knowledge and approval of both the teacher-in-charge and yourself.
Previous experience: Is this the first time your child has been away from home? YES/NO

CONSENT TO MEDICAL ATTENTION

Where the teacher in charge of the excursion is unable to contact me or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner
- administer such first aid as the teacher in charge may judge to be reasonably necessary.
- Administer Panadol as deemed necessary.

Signature of parent/guardian: ____________________________
Date: ____________________________

Prior to a child taking part in any excursion approved by the school council, the Department of Education and Training requires this consent form to be signed by the parent/guardian.

School Camp Asthma Management Plan

Usual Asthma Management Plan

<table>
<thead>
<tr>
<th>Usual signs of child’s asthma</th>
<th>Worsening signs of child’s asthma</th>
<th>What triggers the child’s asthma?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheezing Yes/No</td>
<td>Wheezing Yes/No</td>
<td>Exercise Yes/No</td>
</tr>
<tr>
<td>Tightness in chest Yes/No</td>
<td>Tightness in chest Yes/No</td>
<td>Colds/viruses Yes/No</td>
</tr>
<tr>
<td>Coughing Yes/No</td>
<td>Coughing Yes/No</td>
<td>Pollens Yes/No</td>
</tr>
<tr>
<td>Difficulty in breathing Yes/No</td>
<td>Difficulty in breathing Yes/No</td>
<td>Dust Yes/No</td>
</tr>
<tr>
<td>Difficulty speaking Yes/No</td>
<td>Difficulty speaking Yes/No</td>
<td>Food Yes/No</td>
</tr>
<tr>
<td>Other (Please describe)</td>
<td>Other (Please describe)</td>
<td>If Yes, which foods?</td>
</tr>
</tbody>
</table>

Does your child need assistance taking their medication? Yes/No

Any other information that will assist with the asthma management of the child while on camp. Eg. Peak flow action plan, night time asthma, recent attacks (attach additional information if necessary).

Medication Requirements: including preventers, symptom controllers, medication before exercise.

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Method</th>
<th>When, and how much?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>e.g. puffer and spacer, turbuhaler</td>
<td></td>
</tr>
</tbody>
</table>


### Asthma Medication Requirements Usually Taken

<table>
<thead>
<tr>
<th>Name of Medication (e.g. Fluticol, Ventolin)</th>
<th>Method (e.g. puffer &amp; spacer, dry powder inhaler)</th>
<th>When and How Much? (e.g. 1 puff in morning and 1 at night, before exercise)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Asthma First Aid Plan

#### Victorian Schools Asthma Policy for Asthma First Aid

Section 4.5.7.8 of the Department of Education and Early Childhood Development Victorian Government Schools’ Reference Guide

1. Sit the student down and remain calm to reassure them. Do not leave the student alone.
2. Without delay shake a blue reliever puffer (Airomir, Asmol, Epaq or Ventolin)* and give 4 separate puffs through a spacer (use the puffer alone if a spacer is not available). Use one puff at a time and ask the student to take 4 breaths from the spacer after each puff.
3. Wait 4 minutes. If there is no improvement, repeat steps 2 and 3.
4. If there is still no improvement after a further 4 minutes – call an ambulance immediately (dial 000) and state that the student is having breathing difficulties. Continuously repeat steps 2 and 3 while waiting for the ambulance.

If at any time the student’s condition suddenly worsens, or you are concerned, call an ambulance immediately.

* A Bricanyl Turbuhaler may be used in First Aid treatment if a puffer and spacer is unavailable

If at any time the student’s condition suddenly worsens, or you are concerned, call an ambulance immediately.

**OR**  □ Student’s Asthma First Aid Plan (if different from above)

- Please notify me if my child regularly has asthma symptoms at school/camp.
- Please notify me if my child has received Asthma First Aid.
- In the event of an asthma attack at camp, 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** / /

**Doctor’s Signature:** ____________________________  **Date** / /

For further information about the Victorian Schools Asthma Policy, the Asthma Friendly® Schools Program or asthma management please contact The Asthma Foundation of Victoria on (03) 9326 7088, toll free 1800 645 130, or www.asthma.org.au or www.asthmareliefyschools.org.au
# SCHOOL CAMP ASTHMA ACTION PLAN

## FORM ONE - PRE CAMP ASSESSMENT

This record is to be completed by parents/carers in consultation with their child’s doctor (general practitioner). Please inform your GP about completing the form when you make your appointment. Please tick the appropriate box and print your answers clearly in the blank spaces where indicated.

This school is collecting information on your child's asthma so we can better manage asthma while your child is in our care. The information on this Plan is confidential. All staff that care for your child will have access to this information. It will only be distributed to them to provide safe asthma management for your child at school. The school will only disclose this information to others with your consent if it is to be used elsewhere. Please contact the school at any time if you need to update this Plan or you have any questions about the management of asthma at school. If no Asthma Action Plan is provided by the parent/carer, the staff will treat asthma symptoms as outlined in the Victorian Schools Asthma Policy (Section 4.6.7.8 of the Department of Education and Early Childhood Development Victorian Government Schools’ Reference Guide).

**Student's Name**

**Gender** M F **Age**

**Date of birth** / / **Grade/Year**

**Emergency Contact (e.g. parent/carer)**

**Relationship**

**Phone:** (H) (W) (M) **Relationship**

**Doctor's Name**

**Phone**

**Ambulance Subscriber** Yes No **Subscriber number**

 Does this student have any other health plans? Yes No If so what are they?

## USUAL ASTHMA ACTION PLAN

<table>
<thead>
<tr>
<th>Usual signs of student's asthma</th>
<th>Worsening signs of student's asthma</th>
<th>What triggers the student's asthma?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheeze</td>
<td>Increased signs of:</td>
<td>Exercise</td>
</tr>
<tr>
<td>Tightness in chest</td>
<td>Wheeze</td>
<td>Colds/Viruses</td>
</tr>
<tr>
<td>Coughing</td>
<td>Tightness in chest</td>
<td>Pollens</td>
</tr>
<tr>
<td>Difficulty breathing</td>
<td>Coughing</td>
<td>Dust</td>
</tr>
<tr>
<td>Difficulty speaking</td>
<td>Difficulty breathing</td>
<td>Smoke</td>
</tr>
<tr>
<td>Other (please describe)</td>
<td>Difficulty speaking</td>
<td>Weather changes</td>
</tr>
</tbody>
</table>

### Managing Exercise Induced Asthma (EIA)

Students with asthma are encouraged to take part in school based exercise and physical activity to contribute to their cardiovascular fitness and general wellbeing. Most individuals with EIA can exercise to their full potential if the following steps are taken:

1. Students should take their blue reliever medication 5-10 minutes before warm up, then warm up appropriately.
2. If the student presents with asthma during the activity the student should stop the activity, take their blue reliever medication and wait 4 minutes. If the symptoms improve, they may resume activity. If their symptoms reoccur, recommence treatment. THE STUDENT SHOULD NOT RETURN TO THE ACTIVITY UNDER ANY CIRCUMSTANCES and the parent/carer should be informed of any incident.
3. Cool down at the end of activity and be alert for asthma symptoms after exercise.

Does the student need assistance taking their medication? Yes No If yes, how?

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