



# 5<sup>TH</sup> Victorian Cuboree

31<sup>ST</sup> March – 4<sup>TH</sup> April, 2008 – Gilwell Park, Gembrook

## ASTHMA MANAGEMENT PLAN

To be completed for any participant who suffers from Asthma.

Cuboree Pack Number ..... Cuboree ID Number .....

Name: .....

Age: ..... Region..... District .....

Home Group: .....

### Regular Asthma Medications and Management Strategies.

Name of Drug	Quantities and Dosage

### Additional Medication and Management Strategies to be applied during an attack.

Name of Drug	Quantities and Dosage

The Participant must bring the above medications to camp. These medications must be in the original packaging with the Participants name and dosage amounts and times indicated.

### Peak Expiratory Flow Readings.

Expected Reading	
Reading requiring extra medication	
Reading when advisable to seek Medical assistance	

### Known Trigger Factors (please tick any appropriate item).

- |  |   |
|--|---|
| <input type="checkbox"/> Dust of any sort in sufficient quantities | <input type="checkbox"/> Atmospheric pollution          |
| <input type="checkbox"/> Sudden temperature changes                | <input type="checkbox"/> Vigorous exercise              |
| <input type="checkbox"/> Contact with animals                      | <input type="checkbox"/> Other – please provide details |
| <input type="checkbox"/> Grass and Weed Pollens, Mould             |   |

Please provide other information that may be of assistance in providing medical assistance to this person.