2012 Rowing Program - Asthma Management Plan

This form needs to be completed for any student who suffers from Asthma.

Name of Student: ____________________________________________________________

1. **Regular Asthma Medications & Management Strategies that employed.**

   __________________________________________________________________________
   __________________________________________________________________________

2. **Additional Medication & Management Strategies to be applied during an attack.**

   __________________________________________________________________________
   __________________________________________________________________________

3. **Known Trigger Factors** (please tick any appropriate item):

   | Dust of any sort in sufficient quantities | Atmospheric Pollution |
   | Sudden Temperature changes                | Vigorous Exercise     |
   | Grass and Weed Pollens, Mould             | Contact with Animals  |

   Other, please provide details: ________________________________________________

Each student must bring his own medications to training and regattas. These medications must be in the original packaging with the participants’ name and dosage amounts and times indicated. Medications will be self administered. If a student requires any further assistance with the management of his condition please ensure that this is communicated in the space below.

Please provide other information that may be of assistance in providing medical assistance to this student:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Parent’s Signature : ___________________________ Date : ______________________