

## Anaphylaxis Management Form

The following confidential information is required to assist in the proper management of anaphylaxis sufferers whilst at *Vyshkil* (1 July 2011 – 3 July 2011). If applicable, please complete and attach to the Application form.

Participant's Name: \_\_\_\_\_

Please seek the advice of the asthmatic's doctor if necessary when completing this form.

1. What treatment/medication/epipen should be used in the event of an allergic reaction? Please provide details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List any known allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If the participant is prone to severe allergic reactions, a letter from the participant's doctor stating the doctor's decision about attendance at the *Vyshkil* must accompany this form when it is returned.**

I declare that the information provided on this form is complete and correct.

Parent/Guardian Signature/Participant:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Asthma Management Form

The following confidential information is required to assist in the proper management of asthma sufferers whilst at *Vyshkil* (1 July 2011 – 3 July 2011). If applicable, please complete and attach to the Application form.

Participant's Name: \_\_\_\_\_

Please seek the advice of the asthmatic's doctor if necessary when completing this form.

1. Usual maintenance medical program followed:

\_\_\_\_\_

2. Peak flow readings: Best \_\_\_\_\_ Critical \_\_\_\_\_ (bring own peak flow metre)

3. Medication and treatment to be used during worsening asthma:

\_\_\_\_\_

4. Medication and treatment to be used during crisis situations:

\_\_\_\_\_

5. List any known asthma trigger factor(s):

\_\_\_\_\_

### Key Questions

6. Has the child been admitted to hospital due to asthma in the past 12 months? **Yes / No**

7. Has the child been on oral cortisone for asthma within the past 12 months? (e.g. Prednisolone, Cortisone, Betamethasone etc)? **Yes / No**

8. Has the child suffered sudden severe asthma attacks requiring hospitalisation? **Yes / No**

### Important Notes

If any of the key questions 6,7 or 8 are answered 'yes' then the decision for the person to attend *Vyshkil* (1 July 2011 – 3 July 2011) rests with his/her doctor. The process is as follows:

- A letter from the child's doctor, stating the doctor's decision must accompany this form when it is returned.

I declare that the information provided on this form is complete and correct.

Parent/Guardian Signature/Participant:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_