



Nyah Two Bays / Swan Hill
Amateur Swimming Club Inc.
PO Box 1516 Swan Hill 3585

ASTHMA MANAGEMENT PLAN

Swimming Season 2007/08

Name: _____

Address: _____

D.O.B: _____

Parents/Guardian Name: _____

Phone numbers: Home: _____ Mobile: _____

GP: _____

Phone number: _____

ASTHMA SIGNS

Asthma Triggers

Exercise

Colds/Viruses

Pollens

Dust

Other triggers (please describe) _____

Usual signs and symptoms of swimmers asthma

Wheezing

Tightness in chest

Coughing

Difficulty in breathing

Difficulty in speaking

Other (please describe) _____

Primary reliever medication

Ventolin

Bricanyl

Airomir

Asmol

Epaq

Other _____

SWIMMER'S NORMAL FIRST AID PLAN

Signed: DR. _____

(Swimmers GP)

Parental agreement

1. I authorize the club coaches to assist my child with taking asthma relieving medication should they require help.
2. In the event of an asthma attack I authorize club coaches to administer first aid asthma plan management (as per attached sheet), until an ambulance arrives,

Signed: Parent/guardian _____

Date ____/____/2007