



## Camp Sealth – Summer Camp Program Asthma Information Form

We want your child to receive appropriate care and support for his/her asthma while attending camp. Please complete this in consultation with your physician and bring it to check-in on the first day of camp. Contact the camp director if you have any questions, 206 463 3174, ext. 22. During the summer, you can talk to one of the camp health care staff directly at 206 463 3174, ext. 26 (summer only).

### About camp ...

1. Sealth has a partnership with the American Lung Association of Washington to make our camp an “Asthma Friendly Camp”. Our staff will have training in preventing asthma flare-ups, and all children will receive some informal education on managing asthma while at camp.
2. The program takes place in the outdoors. Your child will be exposed to trees, grass, dust, pollens, molds, insect bites and a host of other environmental factors. The food we serve or that other campers bring to camp (or receive in care packages) may contain items your child is allergic to; we'll do our best to help your child work around them, but we cannot guarantee your child won't be around them.
3. We recommend that children who use an inhaler “as needed” carry the inhaler, a peak flow meter and spacer with them during the entire camp session.
4. The camp health care staff includes people with a variety of credentials, and the staff varies each session. Almost all staff are trained in first aid and understanding asthma, and the health staff credentials vary from EMT to nurse to physician.
5. Camp has access to a medical clinic and to paramedics through the local fire department. In some cases, the response time can be up to 30 minutes.
6. Camp stocks injectable epinephrine (e.g, EpiPen, AnaKit) and oxygen for emergency use.
7. Children with asthma are monitored by the health staff on a schedule pre-arranged with parents and altered should the need arise. Counselors are trained, but are not medical experts, so they rely on the children to be somewhat self-managed, aware of their triggers and allergies, and know when to use their medication or adjust their activities according to their health status.

Camper's Name \_\_\_\_\_

### Child's Asthma History

When was your child first diagnosed with asthma? \_\_\_\_\_

How many times in the past year has your child been hospitalized for asthma? \_\_\_\_\_

    Been seen in an emergency room for asthma? \_\_\_\_\_

How many days of school did your child miss this past school year because of asthma? \_\_\_\_\_

Rate the severity of your child's asthma: (extremely mild) 1 2 3 4 5 6 7 8 9 10 (severe)

### Child's Self-Management of Asthma

The child has had asthma education	Lots	Some	Little	None
The child knows the proper way to take his/her medications	Yes	Largely	Partially	No
Describe assistance/reminders needed with meds				
The child is capable of self-administering the medications	Yes	Largely	Partially	No
The child can reliably report asthma symptoms	Yes	Largely	Partially	No
Is there anything in particular you do before intense activity to prevent a flare?				

## Triggers

Circle things that trigger child's asthma	Provide details about the triggers, when they typically cause flare-ups, and if there is anything that can be done before exposure to these things to reduce the severity of the flare-up. Include anything that we should know to help your child.
Exercise	
Fatigue	
Dehydration	
Carpets	
Dust	
Temperature changes	
Stress	
Food(s)	
Smoke	
Strong odors or fumes	
Laughing, over-excitement	
Allergen(s)	
Animals	
Respiratory infection or common cold	
Other	

## Using a peak flow meter

We recommend using a peak flow meter to monitor your child's status and note signs of a potential flare before it is well established. Please have your child bring his/her meter.

When does your child take peak flow readings?

Breakfast      Lunch      Dinner      Bedtime      Other:

"Personal best" peak flow reading (within past year)

Healthy range (green): \_\_\_\_\_

Caution range (yellow): \_\_\_\_\_

What should be done if this child's peak flow reading drops to caution/yellow zone?

Danger range (red zone): \_\_\_\_\_

What should be done if this child's peak flow reading drops to danger/red zone?

## Asthma Medications (including prescriptions, herbal remedies, and over-the-counter meds)

### Meds used daily to prevent asthma symptoms (peak flow is in green zone)

Name of med/product	Dose given	When	Reason for using this med

**Meds used just before sports or intense physical activity**

Name of med/product	Dose given	When	Reason for using this med

**Meds taken "as needed" to prevent an asthma flare (peak flow is in yellow zone)**

Name of med/product	Dose given	When	Reason for using this med

What else is done at this stage to control the flare?

**Meds taken when asthma worsens (to treat a flare-up) (peak flow in red zone)**

Name of med/product	Dose given	When	Reason for using this med

Describe any and all side effects from any of the child's medications:

**Nebulizer Treatment and Use**

Will your child be bringing a nebulizer to camp? Yes No (youth who need one should bring their own equipment)

How often does your child use a nebulizer? \_\_\_\_\_

If yes, we expect the child knows when and how to use the machine

What medication is used via nebulizer? \_\_\_\_\_

Nebulizers are kept in the camp health center and available whenever needed, day or night.

**Other Methods of Relieving Asthma Symptoms**

What else does the child do to relieve asthma symptoms?

Breathing exercises

Rest

Drinks liquids

Herbal remedies: \_\_\_\_\_

Other: \_\_\_\_\_

**Special needs related to asthma**

Is there anything else that we should know or do to help keep your child's asthma under control at camp?

**Camp Communication with Parents**

At what point should we notify you about an asthma flare?

At what point should this child be taken to a physician or hospital?

Parent/guardian signature: \_\_\_\_\_

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

Relationship to camper: \_\_\_\_\_