

<p>Please return Completed Form by May 31st to:</p> <p>Camp Wawenock</p> <p>Questions? Please call:</p> <p>(207) 655-4657</p>	Additional Information About Your Child's Asthma
<p>Camper: _____ <input type="checkbox"/> M or <input type="checkbox"/> F <small>(First Name) (Middle Name) (Last Name)</small></p> <p>Dates will attend camp: ____/____/____ to ____/____/____ <small>Month Day Year Month Day Year</small></p> <p>Birth Date: ____/____/____ Age on arrival at camp: _____ <small>Month Day Year</small></p> <p>Camper Home Address: _____ City: _____ State: _____ Zip: _____</p> <p>Custodial parent(s)/guardian(s) telephone(s): (____) _____ (____) _____</p>	

We want your child to receive appropriate care and support for her asthma while attending camp. Please complete this in consultation with your physician and return it to the address at the top of the form. Please attach additional information as needed, including physician medication orders or greater detail about your child's asthma history.

ABOUT TRIGGERS:

- Exercise Fatigue
- Dehydration Stress
- Food Item Smoke
- Allergen: _____
- Respiratory infections/common cold
- Other: _____

What triggers your child's asthma? Provide details about the triggers, including things which cabin and activity counselors should be told.

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 peak flow meter.

When does this child do peak flow readings?

- Breakfast Lunch Supper Bedtime Other: _____

"Personal Best" peak flow reading for this child (green range): _____

Caution range (yellow) : _____

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

Danger range (red zone): _____

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

ABOUT ASTHMA MEDICATIONS:

Medications are supervised by our healthcare staff and kept in the health center with the exception of inhalers that must be carried by the person. Medications are usually dispensed at mealtime and brought to the dining room so your camper doesn't have to interrupt his/her activity. While we'd like to use mealtime as much as possible to give routine medications, we can arrange a different time if needed (e.g., mid-morning, mid-afternoon).

These Medications Are Used Daily to Manage This Child's Asthma

Name of Medication	Dose Given	When	Reason for Using this Med

These Medications Are Taken "As Needed" to Prevent an Asthma Flare

Name of Medication	Dose Given	When	Reason for Using this Med

These Medications Are Used When This Child's Asthma Flares

Name of Medication	Dose Given	At What Point Should this be Used?	What Effect Should be Expected & How Quickly?

NEBULIZER TREATMENT & USE:

Will this child bring a nebulizer to camp? YES NO

IF YES, We expect the child knows when s/he needs a nebulizer treatment and how to use the machine.

What medication is used via nebulizer? _____

Nebulizers are kept in our health center and available when needed by your camper.

WHEN WE HAVE QUESTIONS, WHO SHOULD WE CONTACT?

Name: _____ Phone: _____

Name: _____ Phone: _____

AT WHAT POINT SHOULD WE NOTIFY YOU (Parent, Guardian) ABOUT AN ASTHMA FLARE?

AT WHAT POINT SHOULD THIS CHILD BE TAKEN TO A PHYSICIAN OR HOSPITAL?

Signature: _____

Name: _____

Relationship to Camper: _____

Date: _____