



**2. The following ASTHMA medications are given ONLY IF NEEDED:**

Medication	Generic Name	Amount (puffs, tabs, caps, ampules, tsp, cc)	How Often?				Specific instructions
			1-3x week	1x day	2x day	4 or more x day	
			1-3x week	1x day	2x day	4 or more x day	
			1-3x week	1x day	2x day	4 or more x day	
			1-3x week	1x day	2x day	4 or more x day	
			1-3x week	1x day	2x day	4 or more x day	

**3. Other medications that your child takes:**

Medication	Strength	Amount (puffs, tabs, caps, ampules, tsp, cc)	Regular or as needed?	How often?				Specific Instructions
				1x/day	2x/day	3x/day	4x/day	
				1x/day	2x/day	3x/day	4x/day	
				1x/day	2x/day	3x/day	4x/day	
				1x/day	2x/day	3x/day	4x/day	
				1x/day	2x/day	3x/day	4x/day	
				1x/day	2x/day	3x/day	4x/day	
				1x/day	2x/day	3x/day	4x/day	
				1x/day	2x/day	3x/day	4x/day	
				1x/day	2x/day	3x/day	4x/day	
				1x/day	2x/day	3x/day	4x/day	

Does your child use a spacer or assisting device with his/her inhaler? \_\_\_ Yes \_\_\_ No

Does your child have a specific Asthma Action Plan? \_\_\_ Yes \_\_\_ No  
If so, please attach to this form.

**HISTORY OF ASTHMA - to be completed by parent**

**1) How long has your child had asthma? \_\_\_\_ years**

**3) Within the past three months (on the average):**

A) How many nights per week, on the average, does your child wake up because of asthma or coughing? \_\_\_\_ nights per week

B) How much does your child's asthma interfere with exercise?

\_\_\_\_ None \_\_\_\_ Some \_\_\_\_ Moderate \_\_\_\_ A lot

**4) Within this past year only, how many times did your child need to (list number of times)**

A) Stay home from school because of asthma? \_\_\_\_ days

B) Be taken to the doctor's office because of difficulty with his or her asthma (not including routine office visits)? \_\_\_\_ times

C) Be taken to the emergency room or urgent care clinic because of asthma difficulty? \_\_\_\_ times

D) Be admitted to the hospital for asthma? \_\_\_\_ Yes \_\_\_\_ No

How many times total? \_\_\_\_

How old was he or she each time? \_\_\_\_

E) Be in an intensive care unit for asthma? \_\_\_\_ Yes \_\_\_\_ No How many times total? \_\_\_\_

How old was he or she each time? \_\_\_\_

**5) How many times (in the past year only) have oral corticosteroids been used for the control of your child's asthma?**

*(Note: Oral corticosteroids are medications taken by mouth in either pill or liquid form, and are usually used when other medications cannot adequately control asthma symptoms. Names of oral corticosteroids include: PILLS: Prednisone, Medrol, Deltasone, Decadron and others LIQUIDS: Pediapred, Prelone, Liquidpred, OraPred, BubblyPred and others.)*

\_\_\_\_ courses of oral corticosteroids have been taken in the past year.

Date of most recent course? \_\_\_\_

**6) Who is responsible for giving your child's asthma medication at home?**

\_\_\_\_ Child \_\_\_\_ Parent \_\_\_\_ Both

**7) Does your child use a peak flow meter?** \_\_\_\_ Yes \_\_\_\_ No If yes, what brand? \_\_\_\_\_

If yes, what is your child's normal reading? \_\_\_\_\_

Does your child use it routinely? \_\_\_\_ Yes \_\_\_\_ No

If so, how often? \_\_\_\_ time(s) a day \_\_\_\_ time(s) a week

**8) On a scale of 0-10, how bad (severe) has your child's asthma been over the last year? (CIRCLE ONE NUMBER ONLY!)**

(NO ASTHMA) 0 1 2 3 4 5 6 7 8 9 10 (SEVERE ASTHMA)

Describe any emotional effects you have observed in your child due to asthma:

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**D. HISTORY OF ALLERGIES - to be completed by parent**

Is our child allergic to any MEDICATION? (Penicillin, sulfa, etc.)? \_\_\_ Yes \_\_\_ No

If yes, please list:

Medication Name	Reactions* <i>(be specific with the symptoms, how severe, when they start, etc.)</i>	Age of Last Reaction

Is our child allergic to any FOODS? \_\_\_ Yes \_\_\_ No

If yes, please list:

Food Name	Reactions* <i>(be specific with the symptoms, how severe, when they start, etc.)</i>	Age of Last Reaction

Is our child allergic to any INSECTS? \_\_\_ Yes \_\_\_ No

If yes, please list:

Insect	Reactions* <i>(be specific with the symptoms, how severe, when they start, etc.)</i>	Age of Last Reaction

*\*Reactions include: Severe total body reaction (anaphylaxis); shock; skin problems (hives, redness, blistering, itchy skin, swelling); breathing problems ( wheeze, cough, chest tightness); mouth problems (swollen lips, rash, tongue swelling, itchy); throat problems (swollen, itchy, scratchy); eye problems (swollen, itchy, watery); nose problems (itchy, runny, stuffy, sneezing); intestinal problems (abdominal pain, vomiting, diarrhea); behavior/sleep problems (stimulation, hyper, strange behavior, sleepiness, trouble sleeping)*

Was emergency treatment needed for any of the reactions listed above (e.g. 911, ER visit, Urgent Care, EpiPen?)? \_\_\_ Yes \_\_\_ No

If so, explain:

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Are there any present physical education restrictions at school? \_\_\_ Yes \_\_\_ No

If so, explain:

Is there anything else you feel camp staff should know about your child? \_\_\_ Yes \_\_\_ No

If so, explain:

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## PARENT'S AUTHORIZATION

*Both sides must be completed for application to be considered*

### PARTICIPATION AND EMERGENCY TREATMENT WAIVER

In consideration for being allowed to register and participate in Camp Wezbegon, held May 14<sup>th</sup>, 2016, sponsored by Allergy & Asthma Affiliates, as parent/guardian I hereby release the Camp, its Sponsors, Incorporators, Physicians, Board Members, Officers, Employees, Agents, Independent Contractors and Volunteer Workers from any liability for injuries which are sustained during the camp, **including any necessary transportation**. The child herein described has permission to engage in all scheduled activities except as noted by the physician or parent/guardian. I hereby give permission to the camp physician to initiate and provide any necessary treatments, including transporting to the nearest certified emergency facility. If hospitalization is required, the child is to be referred to an appropriate physician and all treatments will be at my expense.

### PHOTOGRAPHY, VIDEO AND PROMOTIONAL RELEASE

I do hereby acknowledge and authorize Camp Wezbegon and its sponsors to take and use photographs, video and written comments of or by my child for promotional and informational materials. Further, I agree to release and discharge Camp Wezbegon and its sponsors from any and all liability in connection with the use of such photographs, videos and written comments of or by my child.

### RELEASE FOR TRANSPORT HOME

At the conclusion of camp, the Camp Staff may release my child to myself or to the individual(s) designated below. Under no circumstances will your child be released to anyone not specified by you. Picture ID is required. **Please provide a copy of a government issued photo ID (driver's license, passport) of the individual who will pick up child (including parents/guardians).**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_  
Please Print  
\_\_\_\_\_  
Signature of Parent or Guardian Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Work Phone \_\_\_\_\_

# CAMPER CODE OF CONDUCT

(Please review with your child)

It is our hope that the children who participate in our program will have a positive experience that will last a lifetime. To help every child get the most out of their camp experience, we have set a list of ground rules to help parents and children understand what we expect at camp. We recognize the special needs of our campers and will, as much as possible, individualize the rules according to the needs and abilities of each camper. Parents, one of our goals of camp is to empower children to transition to a greater role in their own asthma self-assessment and self-care, thus we ask you to allow your child to participate on their own apart from their usual caregivers for the day of camp. Thank you for entrusting your children to Camp Wezbejon for the day.

Camp has four basic rules that we explain to the children. We have these rules so that everyone can be assured of a positive experience.

- **Respect yourself, others and property.** This means abusiveness toward others or using inappropriate language, fighting, or stealing is not acceptable. It also covers property damage, graffiti or vandalism.
- **Participate in camp activities.** It is camp's responsibility to know where all the campers are at all times. We ask campers to be actively engaged in all activities unless excused by staff. Campers cannot be left alone. Electronic devices will be checked in on arrival and returned at the end of camp to limit outside distractions. Any urgent communication needs can be directed to staff.
- **Follow directions.** There are a lot of fun things to do at camp but every activity has rules so we can operate the activity safely and appropriately. We ask the campers to follow staff direction during these activities.
- **No put-downs.** Examples of this would include teasing, name-calling, or racial slurs.

If we do have a problem with inappropriate behavior, we have a camper behavior response policy. The counselor will start by giving the child a warning, then a time-out with an explanation and discussion on what is causing the problem. As a last resort, we may need to send a child home. Sometimes in the case of severe homesickness or if misbehavior could cause immediate harm to themselves or others, we reserve the right to immediately ask that the child be removed from camp.

It is our hope that each child will go home with memories of a positive camp experience. These rules are designed to protect the camper's experience so that one unruly child won't ruin the experience for the rest. If you have any questions or comments, please feel free to call. It is our mission to provide a quality experience for everyone.

**I understand and accept that my child must abide by the Camper Code of Conduct**

\_\_\_\_\_  
Parent's Signature

**I agree to abide by the Camper Code of Conduct**

\_\_\_\_\_  
Camper's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date