



REQUEST FOR ADDITIONAL INFORMATION ABOUT YOUR CHILD'S ASTHMA

CAMPER NAME: _____

Summer Enrichment Program
ASU Box 32042
Boone, NC 28608-2042
Fax: 828-963-6588 (Attn: Nancy Rogers)

Session: _____ Year: _____

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 return it to the address at the end of the form. Contact Nancy Rogers at 828-963-4640 with questions or concerns. Please attach additional information as needed.

ABOUT CAMP BROADSTONE...

- 1. The program takes place in the outdoors. Your camper will be exposed to trees, grasses, dust, pollens, molds, insect bites and a host of other environmental factors.
2. We recommend that campers who use an "as needed" inhaler carry the inhaler with them (on their person).
3. Some camp activities will take campers away from the on-camp healthcare staff . At minimum, a person trained in first aid CPR and our camp's healthcare plan is always with campers.
4. Our camp has access to a physician, clinic and hospital in our local community. Note that it takes at least 15 minutes to transport someone from camp to the next level of health care. Sometimes it may take longer.
5. Our Health Center has injectable epinephrine for emergency use. There is no oxygen tank at camp.
6. Staff are told that children with asthma are capable self-managers and that these campers know when and how to use their medication and/or amend activity to compliment their health status.

ABOUT TRIGGERS...

What triggers your child's asthma?

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

Please 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 MEDICATIONS...**

Medications are supervised by our healthcare staff and kept in the health center with the exception of inhalers that must be carried by each camper. 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?**

Your Signature: _____

Date: _____ Relationship to Camper: _____