

Winter (until May 20)
10179 Crosstown Circle
Eden Prairie, MN 55344
Fax 952.922.7149
Voice 952.922.2545
800.242.1909



Summer (after May 20)
PO Box 1308
Lake Hubert, MN 56459
Fax 218.963.2447
Voice 218.963.2339
800.242.1909

2010 Asthma Form

PLEASE PRINT & Return this form at least 3 weeks before your child arrives at camp.

About Your Child's Asthma

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

Name of Camper: _____

Date of Birth: _____/_____/_____

Session Dates: _____

Camp: _____

Things to consider about the Camp Lincoln & Camp Lake Hubert program:

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). Expect the camp's Health Center to place her/his initials on the inhaler(s). This is a visual cue to our staff that your medication needs to be with you.
3. Camp has access to a physician and also close access if needed to hospital services in a local community. At most, it takes at least 30 minutes to transport someone from the camp to the next level of health care. In some cases, it may take longer.
4. Camp stocks injectable epinephrine (EpiPen, AnaKit) for emergency use. Plus we have supporting oxygen and a nebulizer available at the camp.
5. Staff are told that children with asthma are capable self-managers and that these campers know when to use their medication 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 _____

Provide details about the triggers, including 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 her/his peak flow meter to camp.

When does this child take peak flow readings? Breakfast Lunch Supper Bedtime
 Other: _____

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

Caution range (yellow range): _____

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 range? _____

ABOUT MEDICATIONS

Medications are supervised by the camp’s healthcare team 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 her/his activity to go get them. We’d like to use mealtime as much as possible to give routine medications.

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 to be Given	At What Point Should this be Used?	What Effect Should be Expected & How Quickly?

NEBULIZER TREATMENT & USE

Will your child bring a nebulizer to camp? YES NO

If YES, we expect the child know when he/she need a nebulizer treatment and how to use the machine.

What medication is used via nebulizer? _____

Nebulizers are kept in the camp Health Center and available when needed by the 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 of Person Providing this Information: _____

Relationship to Camper: _____ **Date:** _____

Return this form at least three weeks before your child arrives to the camp office.

Thank you for helping us provide a great camp experience for your child!