

Camp Huntington  
PO Box 37,  
High Falls, NY 12440

Ph: 866-514-5281  
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## ONLY If your Child Has Asthma

### Request for Additional Information About Your Child's Asthma

Camper: \_\_\_\_\_ Arrival Date: \_\_\_\_\_

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 [insert name of person] at [insert phone number] with questions or concerns. Please attach additional information as needed, including physician medication orders or greater detail about your child's asthma history.

About our Camp – [Note: tailor this section to describe your camp's risk profile for people who have asthma. The following statements are provided as an example of what this might be.]

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 our camp's healthcare provider to place his/her initials on the inhaler(s). This is a visual cue to our staff that your medication needs to be with you.
3. Not all camp programs have an RN in residence. At minimum, a person trained in first aid, CPR and our camp's healthcare plan is available.
4. Our camp has access to a physician, clinic and hospital in our local community. Note that it takes at least [insert number] 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 to use their medication or amend activity to compliment their health status.

#### ❖ 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 MEDICATIONS . . . [Tailor the wording in this section so it reads correctly for your camp]**

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?**

\_\_\_\_\_

\_\_\_\_\_

**Return to:**  
*Camp Huntington*  
*PO Box 37*  
*High Falls, NY 12440*

Your Signature and Print Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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