

CHILD'S NAME: _____ CAMP DATE _____

CAMP DESALES: ASTHMA FORM

Please complete only if your child has asthma. Attach to your child's health form.

We want your child to receive appropriate care and support for their allergies while attending our program. Please contact Camp DeSales with any questions or concerns (517-592-2074).

ASTHMA EXPECTATIONS

CAMP DESALES programs take place in the outdoors. Your child will be exposed to trees, grass, dust, pollens, molds, insects, and other environmental factors. The closest hospital, Henry Ford Allegiance Hospital in Jackson, MI, is approx. 30 minutes away.

It is our expectation that your child is capable of self-managing their asthma: knowing when to amend their activity level, when to use their rescue inhaler and when to seek help. We expect your child to carry their as needed rescue inhaler (Ventolin, Albuterol, Pro Air, etc.) on their person, while at camp. All other asthma medications will be stored and administered at our Health Office.

ASTHMA TRIGGERS

Please list what triggers your child's asthma. Any details would be helpful for our staff to know are appreciated.

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ASTHMA MEDICATIONS

Please list all routine and emergency asthma medications your child will bring to camp in the MEDICATION INFORMATION section of your child's health form. Send all medication in its original prescription container and label with your child's full name.

PEAK FLOW METER

Does your child have a peak flow meter? Yes * No * If yes, please give details below.

When does your child take peak flow readings? Breakfast Lunch Dinner Bedtime Other

Green Range (personal best):

Treatment/Action Plan for Yellow and Red Ranges:

Yellow Range (cautionary):

Red Range (dangerous):

NEBULIZER

Does your child have a nebulizer? Yes *, routinely Yes*, only if needed No

*If yes, we have nebulizer machines located at our Health Office. Please send your child's medication and nebulizer tubing, we expect your child to know when they are in need of a nebulizer treatment.

COMMUNICATION AND TREATMENT PROTOCOL

For early asthma distress:

Child will self-administer their personal inhaler.

If unavailable, staff will administer 1-2 puffs of camp's albuterol inhaler.

For acute asthma attack:

Administer child's medication, personal inhaler and/or nebulizer.

If unavailable, staff will administer 1-2 puffs of camp's albuterol inhaler and/or 1-2 vials albuterol sulfate via camp's nebulizer.

If they do not improve with treatment, contact EMS and parent/guardians.

To follow a different protocol, have your physician write the protocol and sign below. Attach additional information as needed.

Physician Signature: _____ Date: _____

Please provide any other information you would like us to know about your child's asthma care. Attach additional information as needed.

Parent/Guardian Name

Relationship to Child

Phone Number

Parent/Guardian Signature _____ Date: _____