

# Camp Tulahead's

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

Camper Name: \_\_\_\_\_

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

We want your child to receive appropriate care and support for his/her asthma while attending our program. Please complete this in consultation with your physician and send it to camp with your son/daughter on the first day of camp. You may contact our camp office at 250-295-6233 if you have any questions or concerns. Please attach additional information as needed, including physician medication orders or greater detail about your child's asthma history.

### ***About Camp Tulahead's program...***

1. The program takes place in the outdoors. Your child will be exposed to trees, grasses, dust, pollens, molds, insect bites and a host of other environmental factors.
2. If you would like your son/daughter to carry their inhaler with them, please send an additional inhaler that can be kept in the first aid attendant's office in case the first inhaler gets lost / misplaced or cannot be found during an emergency.
3. Our camp's healthcare is provided by an OFA Level 2/3 attendant.
4. The camp has access to a local physician, clinic and hospital services in Princeton. It takes 20 minutes to transport someone from the camp to the next level of care.
5. Staff are told that children with asthma are capable self-managers and that these campers know when to use 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 things which cabin and activity counselors should be told...

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### ***ABOUT MEDICATIONS...***

Medications are supervised by the first aid attendant and kept in the Doc's Office — with the exception of inhalers that must be carried by the camper. Medications are usually dispensed at mealtime and brought to the dining room so your child doesn't have to interrupt his/her activity to go get them. 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...**

1. 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.

2. What medication is used via nebulizer?

\_\_\_\_\_  
(Nebulizers are kept in the Doc's Office and available when needed by the camper.)

**WHEN WE HAVE QUESTIONS, WHO SHOULD WE CONTACT?**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

1. At what point should we notify you (parent/guardian) about an asthma flare?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. At what point should the child be taken to a physician or hospital?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What else would you like us to know?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Person Providing This Information: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Complete and send this form with your son/daughter on the first day of camp.  
Questions? Please call 250-295-6233