



Winter address:
6035 Goshen Road
Newtown Square, PA 19073
610-356-7602

REQUEST FOR ADDITIONAL INFORMATION ABOUT YOUR CHILD'S ASTHMA

CAMPER NAME: _____

BIRTHDATE: _____ ARRIVAL DATE: _____

We want your child to receive appropriate care and support for her asthma while attending camp. Please complete this in consultation with your physician and return it to the address at the top of the form. Contact one of the directors with questions or concerns. Please attach additional information as needed.

❖ **ABOUT CAMP FERNWOOD...**

1. Our 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. A medical trip kit complete with an epipen is present on all out of camp trips.
4. Our camp has access to a nurse practitioner, a physician's office, and a hospital in our local community. Note that it takes at least 20 minutes to transport someone from camp to the hospital.
5. Our Health Center has injectable epinephrine for emergency use. A supply of oxygen is also available.
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?

(☑check all that apply)

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

Please provide details about the triggers, including things that cabin and activity counselors should be aware of:

❖ **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? (☑check all that apply)

- Breakfast
- Lunch
- Supper
- Bedtime
- Other: _____

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

Caution range (yellow) is: _____

What should be done if this child's peak flow reading drops to the caution/yellow range? _____

Danger range (red zone) is: _____

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 some campers. Medications are dispensed at mealtime and brought to the dining room so your camper doesn't have to interrupt her activity.

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, Does the child know when she needs a nebulizer treatment and how to use the machine.

YES NO

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?**

Date: _____

Your Signature: _____

Relationship to Camper: _____