

Office Use:

Cabin _____
Session Dates
From: ____/____/____
To: ____/____/____

Camp Foley Health Care Asthma Health Care Plan

Request for additional information about your child's asthma.

Please return by May 1 to: Camp Foley 9303 Father Foley Drive Pine River MN 56474 FAX 218-543-4269

Camper's name _____	Birthdate _____
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For your Information:

We want your child to receive appropriate care and support for their asthma while attending our program. Please complete this in consultation with your physician and return it to the address at the end of the form. Please attach additional information as needed, including physician medication orders or greater detail about your child's history.

About the Camp Foley program:

1. The Camp Foley program takes place out of doors. 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 to manage asthma carry the inhaler with them and use a fanny pack to do so (things fall out of pockets too easily). Expect the camp nurse to place their initials on the inhaler(s) during screening. This is a visual cue to our staff the medication needs to be carried with the camper.
3. All campers have access to a physician, clinic and hospital services in our local community. It takes about 20 minutes to transport someone to the local clinic or 45 minutes to the hospital or emergency care. Camp is supported by 911.
4. 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.
5. We do have a peak flow meter in camp, but not a nebulizer or supporting oxygen available.

About Triggers:

What triggers your child's asthma?

- Exercise
- Fatigue
- Dehydration
- Stress
- Food Item(s)
- Smoke
- Allergen
- Respiratory infections/common cold
- Other

Provide details about the triggers, including things that cabin and activity counselors should be told...

Using a Peak Flow Meter:

We recommend using a peak flow meter as a way to monitor your child's status and note signs of a potential flare before it is well established. Please have your child bring their peak flow meter.

When does this child take peak flow readings?

- Breakfast
 Lunch
 Supper
 Bedtime
 Other: _____

"Personal Best" 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 drops to the danger/red zone? _____

About Medications:

Medications are supervised by the camp nurse and kept in the Health Center - with the exception of the inhalers that must be carried by the camper. Medications are usually dispensed at mealtime and brought to the dining room so your camper doesn't have to interrupt their activity to go get them. While we would like to use mealtime as much as possible to give routine medications, we are willing to arrange a different time if needed.

These medications are used daily to manage this child's asthma:

Name of Medication	Dose Given	When?	Reason for using this medication?

These medications are taken "as needed" to prevent an asthma flare:

Name of Medication	Dose Given	When?	Reason for using this medication?

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 and how quickly?

Nebulizer Treatment and Use:

Will this child bring a nebulizer to camp? Yes No

If Yes..... We expect the child knows when they need a nebulizer treatment and how to use the machine.

What medication is used via nebulizer? _____

Nebulizers are generally kept in the health center and available when needed by the camper.

Contact Information:

When we have questions, who should we contact?

Name: _____ Preferred phone numbers: _____

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At what point should we notify you about an asthma flare? _____

At what point should this child be taken to a physician or hospital? _____

Printed Name of Custodial Parent/Guardian: _____

Signature: _____ Date: _____

Concerns? Questions? Please contact Marie Schmid, Director at 218-543-6161 or marie@campfoley.com