



ACTIVE WITH ASTHMA

June 20-24, 2016
9 a.m. – 4:30 p.m. | Bay View High School | Milwaukee, WI

Active with Asthma is a fun, activity-filled day camp! Trained medical and program staff will teach children about asthma, physical activity, medications, nutrition, how to avoid triggers, asthma action plans and more. The camp will include exciting off-site field trips that your child won't want to miss!

- Open to children between the ages of 8-12, diagnosed with asthma and taking daily medications.
- It's a week of discovery and FUN!
- Trained medical and program staff instruction.
- Camp fee is \$80. FREE breakfast and lunch are included. Needs-based scholarships are available.

Register your child by June 3rd! To sign up for Active with Asthma Camp:

- Complete the attached registration forms and return to the American Lung Association in Wisconsin. To ensure your registration is complete, be sure to return the following:
 - Completed Camper Registration Form
 - Signed Parent/Guardian Authorization
 - Signed Camper Code of Conduct
- Submit deposit of \$20. Deposit will be refunded if child is not accepted to Camp.
- Return your registration form **1 of 3** ways:
 1. **MAIL** registration form and \$20 deposit to:
American Lung Association in Wisconsin
Active with Asthma Camp
13100 W. Lisbon Rd., Ste. 700
Brookfield, WI 53005
 2. **EMAIL** registration form to Katie.Halverson@Lung.org with "Active with Asthma Camp" in the subject line.
 3. **FAX** registration form to 262-781-5180.
- Once accepted, a packet will be sent with dates, times and parent information.

Questions? Call us today at 262-703-4200!

CAMPER INFORMATION

Camper Name: _____ Birthdate: _____ / _____ / _____
First Middle Initial Last Month Day Year

Gender: ☐ Male ☐ Female Age at Camp: _____ Nickname: _____

T-shirt size (Adult sizes only): ☐ Small ☐ Medium ☐ Large ☐ Extra Large ☐ XXL

What school will child go to in fall 2016? _____ Grade entering in fall: _____

Parent/Guardian's name: _____ Relationship to child: _____
First Last

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

If parent/guardian is not available in an emergency, please contact:

Name: _____ Relationship to child: _____ Phone: (____) _____

HISTORY OF ASTHMA

How long has child had asthma? _____ years At what age did it start? _____

Within the **past year only**, how many times has child been home from school because of asthma? _____ days

Within the **past year only**, how many times has child gone to the doctor's office because of difficulty with his/her asthma? _____ times

Within the **past year only**, how many times has child been to the emergency room or urgent care clinic because of asthma? _____ times

Within the **past year only**, how many times has child been on oral corticosteroids (such as prednisone, Prelone, Pediapred)? _____ times; Most recent date: _____

Within the **past year only**, how many times has child been admitted to the hospital (including ICU) for asthma? _____ times; Most recent date: _____

Is there any physical activity child can't do at school? ☐ Yes ☐ No If yes, please explain: _____

Who is responsible for giving child asthma medicine at home?
☐ Child ☐ Parent/Guardian ☐ Other: _____

Does child use a peak flow meter? ☐ Yes ☐ No If yes, what is child's normal reading? _____

MEDICATIONS

Please include asthma and all other medicines.

Medicine Name:	Strength:	Dosage:	Time:	Daily or as needed:
Example: Advair inhaler with spacer	115/4.5 mcg	2 puffs	8AM, 8:30PM	Daily
Example: Singulair pill	5 mg	1 pill	8:30 p.m.	Daily

HEALTHCARE PROVIDER INFORMATION

Please indicate all healthcare providers child currently sees:

Pediatrics/General	Name _____	Phone (____) _____
Asthma Doctor	Name _____	Phone (____) _____
Other	Name _____	Phone (____) _____

Does child have health insurance? ☐ Yes ☐ No Name of Insurance Plan _____

ALLERGY INFORMATION

Please include allergies to any MEDICINE, FOODS, INSECTS, or OTHER.

Allergic to:	Reaction (be specific):	Age at last reaction:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CAMPER HEALTH & HABITS

Our goal is to provide a safe and positive event for all campers. Knowing about camper health and habits will help staff to meet each camper's needs. All information will be kept private within camper's healthcare team.

Is child nervous or shy about his/her asthma (e.g., using an inhaler in public?) _____

Does child have any other health concerns that camp staff should know about (diabetes, learning disability, ADD, etc.)? _____

Does child have any behavioral issues at school that staff should know about? _____

Are there any other concerns that camp staff should know about? _____

Needs-based scholarships are available. Please send me a scholarship application. ☐ Yes ☐ No

Children receiving free lunch receive a full campership (\$80); children receiving reduced lunch receive a half campership (\$40). Please note that all children must submit a \$20 deposit. If your child receives a full campership, this deposit will be returned at the end of the week of Camp.

How did you hear about Active with Asthma Camp?

- | | | | |
|--|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Previous camper or camp staff | <input type="checkbox"/> Social worker | <input type="checkbox"/> School Nurse | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Healthcare provider's office | <input type="checkbox"/> Internet/Website | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Magazine |
| <input type="checkbox"/> Called/Wrote to the ALA | <input type="checkbox"/> Radio | <input type="checkbox"/> TV | <input type="checkbox"/> Other: _____ |

I hereby confirm the information on this form is correct and submit this application for attending Active with Asthma Camp, June 20-24, 2016. I understand my child may not be allowed at camp unless all forms are completed and turned in prior to camp.

Parent/Guardian Signature

Parent/Guardian Name Printed

Date

PARENT/GUARDIAN AUTHORIZATION

Active with Asthma Day Camp | June 20-24, 2016

PARTICIPATION AND EMERGENCY TREATMENT WAIVER

In consideration for the acceptance and participation in Active with Asthma Day Camp, held June 20-24, 2016, by the American Lung Association in Wisconsin, as parent/guardian, I release the Lung Association, its incorporators, physicians, medical staff, board members, officers, employees, agents, independent contractors and volunteer workers or any other person acting with permission of either arising out of any injury to his/her person or property during his/her stay at camp, in transit to and from said camp or during any activity approved by and of said person, and we agree to assume any claim which said son/daughter in his/her personal capacity might have against any of said persons for injury as herein stated.

EMERGENCY TREATMENT WAIVER

This health history is correct so far as I know and the person herein described has my permission to engage in all prescribed camp activities, except as noted by me. I authorize the medical staff of Active with Asthma Day Camp to provide medical care to my child as deemed necessary. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Camp Director to initiate and provide any necessary treatments, including transporting to the nearest certified emergency facility. If hospitalization is required, the child is to be referred to an appropriate physician and all treatments will be at my expense.

PHOTOGRAPHY, VIDEO AND PROMOTIONAL RELEASE

I do hereby acknowledge and authorize the American Lung Association in Wisconsin to take and use photographs, video and/or written comments of or by my child for promotional and informational materials. Further, I agree to release and discharge the American Lung Association in Wisconsin and its sponsors from any and all liability in connection with the use of such photographs, videos and written comments of or by my child.

RELEASE FOR TRANSPORT HOME

At the end of camp day, Active with Asthma staff may release my child to me, or to the person listed below. Under no circumstances will my child be released to anyone not listed by me. Picture ID may be required.

☐ I will be picking up my own child.

☐ I authorize the following adult(s) to pick up my child for me:

Name: _____ Relationship to child: _____ Phone: (____) _____

Name: _____ Relationship to child: _____ Phone: (____) _____

☐ Please indicate if there is someone to whom the camper should NOT be released, for the protection of the camper:

Name: _____ For the following reason(s): _____

☐ I am unable to transport my child to and from Camp. Please contact me with alternative transportation options.

RELEASE OF MEDICAL DATA

I authorize the American Lung Association in Wisconsin to release medical data for the purpose of compiling and assessing national asthma medical information, and for follow up by the American Lung Association Lung HelpLine. I understand that all data will be analyzed in summary form, protecting the confidentiality of my child. I authorize the American Lung Association to provide necessary medical information about my child to his/her school/school nurse.

RELEASE OF HEALTHCARE PROVIDER CONTACT

I authorize the medical staff of Active with Asthma Day Camp to contact my child's healthcare provider during the week camp, June 20-24, 2016, for the purpose of verifying medication and/or diagnosis, initiating referrals and/or follow-up conversations, and to answer any other questions as needed.

I hereby agree and authorize the above waivers and releases for the duration and follow up purposes of Active with Asthma Camp, June 20-24, 2016.

Parent/Guardian Signature

Parent/Guardian Name Printed

Date

CAMPER CODE OF CONDUCT
Active with Asthma Day Camp
June 20-24, 2016
Bay View High School
(Please review with child)

It is our hope that camp will be a positive event that will last a lifetime. To help everyone get the most out of camp, we have set up a list of ground rules to help parent/guardians and children understand what we expect at camp. We value the special needs of our campers and will treat each, to the extent possible, by the rules suited to the needs of each camper.

Active with Asthma Day Camp has four basic rules that we explain to the children.

- **Respect yourself, others and property.** Respecting yourself refers to keeping your things picked up around camp, keeping good personal hygiene and taking your medication on time. Respect of others includes no physical or verbal abuse toward others, any out of line language, fighting, stealing, etc. This also includes damage to property, graffiti or vandalism.
- **No put-downs.** Examples of this would include teasing, name-calling, racial slurs or inappropriate practical jokes.
- **Participate in camp activities.** It is the responsibility of camp staff to know where all the campers are at all times. We ask campers to be at all activities unless excused by staff.
- **Follow directions.** There are many fun things to do at camp. Each activity has rules so we can operate the activity safely and appropriately. We ask campers to follow staff direction during all activities

If we do have a problem with inappropriate behavior, we have a camper behavior response policy. The camp staff will begin by giving the child a warning, and then a time-out with an explanation and discussion on what is causing the problem. The camp staff will work with the child to help avoid further problems. We may also call home to find out if the parent/guardians have any suggestions on ways to stop the inappropriate behavior. If behavior is not corrected, as a last resort, we will send a child home. If severe misbehavior could cause immediate harm to themselves or others, we reserve the right to immediately ask that the child be removed from camp. Transportation home will be the responsibility of the camper parent/guardian.

It is our hope that each child will go home with great memories of camp. These rules are designed to protect the camper's experience so that one unruly child won't ruin the experience for the rest. If you have any questions or comments, please call. It is our goal to provide a quality experience for everyone.

In the event your child needs to be escorted home due to poor behavior, you, as parent/guardian, hereby release camp, the association, its incorporators, physicians, board members, officers, employees, agents, independent contractors and volunteer workers from any liability.

I understand and accept that my child must follow the Camper Code of Conduct

Parent/Guardian Signature

Parent/Guardian Name Printed

Date

I agree to follow the Camper Code of Conduct

Camper Signature

Camper Name Printed

Date

Stop! Double check!

To ensure your registration is complete, please make sure you include the following:

- Completed Camper Registration Form
- Signed Parent/Guardian Authorization
- Signed Camper Code of Conduct
- \$20 deposit (Deposit will be returned if camper cancels prior to the week of Camp, and at the end of the week of Camp if camper receives a full scholarship)

Return your registration form **1 of 3** ways:

1. **MAIL** registration form and \$20 deposit to:
American Lung Association in Wisconsin
Active with Asthma Camp
13100 W. Lisbon Rd., Ste. 700
Brookfield, WI 53005
2. **EMAIL** registration form to Katie.Halverson@Lung.org with "Active with Asthma Camp" in the subject line.
3. **FAX** registration form to 262-781-5180.

Once accepted, a packet will be sent with dates, times and parent information.

Questions? Contact the American Lung Association at 262-703-4836!