



Dear Parents/Guardians:

Thank you for expressing an interest in the 20th annual Camp Asthmania. I know that your child will benefit from this fun and educational experience. The camp will be held at North Pointe Elementary on Highway 81 North on the following dates: **July 7, 8, 9, and 10** from 7:30 a.m. to 2:30 p.m., with the exception of Friday, July 10. A parent education session will be held from 2:00 pm-3:00 p.m. on that day. Camp Asthmania is a **FREE** camp especially designed for kids, ages 5-11, who suffer from asthma. A variety of activities are planned this year. Drinks and snacks will be provided all four days of camp. **Your child will need to bring a bag lunch on Tuesday and Wednesday.** Lunch will be provided on Thursday and Friday. The child's medications will need to accompany them each day. A qualified staff of medical personnel will be present to ensure that your child has a fun and safe camping experience.

The following instructions will help you with the registration process:

1. Return **ALL** registration forms by **Friday May 22, 2020** to:
AnMed Health
Attn: Asthmania Academy – Camp Asthmania
2000 E. Greenville Street, Suite 5100
Anderson, SC 29621.

A letter of confirmation will be mailed to you upon the receipt of **ALL** of the above forms and availability of camping space. We are glad you and your child are interested in asthma camp. If you have any questions about the forms or any other concerns, please call Christie Heaton at 864-512-6624. We look forward to another great year at camp.

Sincerely,

Christie Heaton MBA, RRT/RCP, AEC

Christie Heaton MBA, RRT/RCP, Certified Asthma Educator
Camp Coordinator
864-512-6624 Fax 864-512-4468 christie.heaton1@anmedhealth.org

AnMed Health Camp Asthmania Health Form

To be completed by Parent or Guardian

A. GENERAL INFORMATION

NAME OF CHILD _____

PREFERS TO BE CALLED _____

Birth date _____ Sex: Female Male

Age at Camp _____ School and Present grade level _____

NAME(S) OF PARENT(S) (OR GUARDIANS)

Mother _____

Phone: Home (_____) _____ Work (_____) _____

Cell (_____) _____ Email _____

Father _____

Phone: Home (_____) _____ Work (_____) _____

Cell (_____) _____ Email _____

Or Guardian _____

Phone: Home (_____) _____ Work (_____) _____

Cell (_____) _____ Email _____

Mailing Address: Street _____

City _____ State _____ Zip Code _____ County _____

Are there any custody or visitation restrictions or anyone **not** allowed to pick up your child from camp? If so, describe:

IF NOT AVAILABLE IN AN EMERGENCY, PLEASE NOTIFY: (this **must** be filled out)

Name _____ Relationship to child _____ Phone (_____) _____

Name _____ Relationship to child _____ Phone (_____) _____

Name of child's regular doctor: _____ Phone (_____) _____

Does your child currently see an asthma specialist? Yes No

Name of child's asthma doctor: _____ Phone (_____) _____

Does your child have medical insurance? Yes No

Name of Health Insurance Plan _____

Policy or Group Number _____

Has your child attended this Camp before? Yes No If so, for how many sessions? _____ Sessions

T-shirt size: **Youth** Sizes: Youth Medium Youth Large (Youth small is not available)

Adult Sizes: Adult Small Adult Medium Adult Large other _____

B. HISTORY OF ASTHMA

1) Within the past three months (on the average):

- A) How many nights per week, on the average, does your child wake up because of asthma or coughing? ____ nights per week
 B) How much does your child's asthma interfere with exercise?
 None Some Moderate A lot

2) Within this past year only, how many times did your child need to (list number of times)

- A) Stay home from school because of asthma? ____ days
 B) Be taken to the doctor's office because of difficulty with his or her asthma (not including routine office visits)? ____ times
 C) Be taken to the emergency room or urgent care clinic because of asthma difficulty? ____ times
 D) Be admitted to the hospital for asthma? Yes No
 How many times total? ____
 E) Be in an intensive care unit for asthma? Yes No
 How many times total? ____

3) How many times (in the past year only) has your child taken oral corticosteroids for his/her asthma?

(Note: Common corticosteroids include Prednisolone, Prednisone, and Dexamethasone)

_____ courses of oral corticosteroids have been taken in the past year.

Date of most recent course? _____

C. MEDICATIONS:

List all medications that your child takes:

Medication	Strength	Amount (puffs, tabs, caps, ampules, tsp, cc)	Regular, Before Exercise, or as needed?	How Often?				Specific Instructions
				1x/day	2x/day	3x/day	4x/day	
				1x/day	2x/day	3x/day	4x/day	
				1x/day	2x/day	3x/day	4x/day	
				1x/day	2x/day	3x/day	4x/day	
				1x/day	2x/day	3x/day	4x/day	
				1x/day	2x/day	3x/day	4x/day	
				1x/day	2x/day	3x/day	4x/day	
				1x/day	2x/day	3x/day	4x/day	
				1x/day	2x/day	3x/day	4x/day	
				1x/day	2x/day	3x/day	4x/day	

Does your child use a spacer with his/her inhaler? Yes No

Does your child have a specific Asthma Action Plan? Yes No (If so, please attach copy)

D. HISTORY OF ALLERGIES

Does child have any allergies ? Yes No **Does your child have an EpiPen? Yes No**
 Does your child administer allergy injections? Yes No **Note: Allergy shots will not be given at camp**
 If yes, please list:

Allergy	Reactions* <i>(be specific with the symptoms, how severe, when they start, etc.)</i>	Date of Last Reaction

Was emergency treatment needed for any of the reactions listed above (e.g. 911, ER visit, Urgent Care, EpiPen)? Yes No
 If so, explain:

E. OTHER INFORMATION

Has your child had the following illnesses?

Measles? Yes No Rubella? Yes No
 Chicken Pox? Yes No Mumps? Yes No

Date of most recent tetanus booster: _____

DPT, Polio and MMR immunizations up-to-date? Yes No

Are there any other medical problems or conditions your child has that the camp should know about? Yes No

Are there any behavioral or psychological issues that the camp should know about? Yes No

If yes to any of the above questions, explain here:

Does your child feel embarrassed at school or in public if he/she has to take an inhaler or nebulizer treatment? Yes No

Does your child require Albuterol/Xopenex pre-treatment prior to exercise? Yes No

Is there anything else you feel camp staff should know about your child?

Yes No

If so, explain: _____

HOW DID YOU HEAR ABOUT Camp Asthmania? (Please check one)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Healthcare Provider's Office | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Hospital admission | <input type="checkbox"/> Internet/Web Site |
| <input type="checkbox"/> School Nurse | <input type="checkbox"/> TV | <input type="checkbox"/> Newspaper | |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Asthmania Academy | <input type="checkbox"/> Magazine | |
| <input type="checkbox"/> previous camper or camp staff | <input type="checkbox"/> other _____ | | |

AnMed Health Camp Asthmania Health Form

To be completed by Parent or Guardian

Must be completed for application to be considered

PARTICIPATION AND EMERGENCY TREATMENT WAIVER

In consideration for being allowed to register and participate in Camp Asthmania, held July 7,8,9, and 10 2020, sponsored by AnMed Health and Anderson School District 5, as parent/guardian I hereby release the Association, its Incorporators, Physicians, Board Members, Officers, Employees, Agents, Independent Contractors and Volunteer Workers from any liability for injuries which are sustained during the camp, **including any necessary transportation**. The child herein described has permission to engage in all scheduled activities except as noted by the physician or parent/guardian. I hereby give permission to the camp physician 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 Camp Asthmania and AnMed Health and Anderson School District 5 to take and use photographs, video and written comments of or by my child for promotional and informational materials. Further, I agree to release and discharge AnMed Health and Anderson School District 5 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 conclusion of camp, the Camp Staff may release my child to me or to the individual(s) designated. Under no circumstances will your child be released to anyone not specified by you. Picture ID may be required.

AUTHORIZATION TO RELEASE MEDICAL DATA

I do hereby authorize Camp Asthmania and AnMed Health to release medical data for the purpose of compiling and assessing national asthma medical information. I understand that all data will be analyzed in aggregate form protecting the confidentiality of my child.

SIGNATURE COVERS THE FOLLOWING: Participation and emergency treatment waiver; Photography, video and promotional release; Release for transport home; and Authorization to release medical data (descriptions above)

PRINT NAME

RELATIONSHIP TO CHILD

SIGNATURE OF PARENT OR GUARDIAN

DATE

HOME PHONE

WORK PHONE/CELL PHONE

CAMPER CODE OF CONDUCT

(Please review with your child)

It is our hope that everyone that participates in our program will have a positive experience that will last a lifetime. To help everyone get the most out of their camp experience, we have set up a list of ground rules to help parents and children understand what we expect at camp.

Camp has five basic rules that we explain to the children and also post at camp. We have these rules so that everyone can be assured of a positive experience.

- **Respect yourself, others and property.** This means abusiveness toward others or using inappropriate language, fighting, stealing, etc. It also covers property damage, graffiti or vandalism. Respect yourself, refers to keeping your things picked up, personal hygiene and taking your medication on time. We are not responsible for any personal items left at camp.
- **No Weapons.** In order to maintain the safest environment possible, no weapons or objects that can be used as a weapon are allowed, and will result in the immediate removal of your child from camp.
- **Participate in camp activities.** It is camp's responsibility 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 a lot of fun things to do at camp, but every activity has rules so we can operate the activity safely and appropriately. We ask the campers to follow staff direction during these activities.
- **No Bullies or put-downs.** Examples of this would include teasing, name-calling, racial slurs or inappropriate practical jokes.

If we do have a problem with inappropriate behavior, we have a camper behavior response policy. The counselor will start by giving the child a warning, and then a time-out with an explanation and discussion on what is causing the problem. If the counselor needs help, the camp director will work with the child to help avoid further problems. We will also call home to find out if the parents have any suggestions on ways to deter the inappropriate behavior. As a last resort, we may need to 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.

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 feel free to call. It is our mission to provide a quality experience for everyone.

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

SIGNATURE OF PARENT OR GUARDIAN

DATE

I agree to abide by the Camper Code of Conduct

CAMPER'S SIGNATURE

DATE