

CHILD'S NAME: \_\_\_\_\_ ATTENDING:  Outdoor School CHILD'S SCHOOL \_\_\_\_\_

Summer Camp CHILD'S SESSION & VILLAGE \_\_\_\_\_

## YMCA STORER CAMPS: ASTHMA FORM

**Please attach this completed form to your child's health form.**

We want your child to receive appropriate care and support for their asthma while attending our programs.  
Contact our Health Services at 517-536-8607 with any questions or concerns.

### ASTHMA EXPECTATIONS

The YMCA Storer Camps programs take place in the outdoors. Your child will be exposed to trees, grass, dust, pollens, molds, insects and other environmental factors. The closest hospital, Allegiance Hospital in Jackson, MI is approximately 20 minutes away.

It is our expectation that your child is capable of self-managing their asthma: knowing when to amend their activity level, when to use their rescue inhaler and when to seek help. We will also expect your child to carry their as needed rescue inhaler (Ventolin, Albuterol, etc.) on their person, at all times, while at camp. All other maintenance inhalers (Flovent, Qvar, etc.) and medications will be stored and administered at our Health Center.

### ASTHMA TRIGGERS

Please list what triggers your child's asthma. Any details that would be helpful for our staff to know are appreciated.

### ASTHMA MEDICATIONS

Please list all routine, as needed and emergency asthma medications your child will be bringing to camp in the MEDICATION INFORMATION section of your child's health form. Send all medications in their original boxes with their prescription and label inhalers with your child's full name.

### PEAK FLOW METER

Does your child use a peak flow meter?  Yes\*  No \*If yes, please give details below.

When does your child take peak flow readings?  Breakfast  Lunch  Dinner  Bedtime  Other:

Green Range (personal best):

Yellow Range (cautionary):

Red Range (dangerous):

Treatment/Action Plan for Yellow and Red Ranges:

### NEBULIZER

Does your child use a nebulizer?  Yes\*, routinely  Yes\*, only if needed  No

\*If yes, we have nebulizer machines located at our Health Center. Please send your child's medication and nebulizer tubing.  
We expect your child to know when they're in need of a nebulizer treatment.

### COMMUNICATION AND TREATMENT PROTOCOL

Parent/Guardian Name

Relationship to Child

Phone Number

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

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

Please give any other information you would like our staff to know about your child's asthma and care. Attach additional information as needed.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_