

TO BE COMPLETED BY THE PARENT/GUARDIAN

**TEXAS ASTHMA CAMP FOR KIDS
CAMPER MEDICAL INFORMATION FORM - PART 1 OF 2**

Name of Child _____ Birthdate _____

Address _____
Street City State Zip

Age _____ Sex _____

Name of Parent/Guardian _____

Address (if different from above) _____
Street City State Zip

Home Telephone _____ Work Telephone _____

Cell Phone _____ Pager _____

Medical Insurance _____

It is MANDATORY that we are able to reach a parent, guardian, or designated friend in the event of an emergency.

Emergency Contact (Name and Phone Number) _____

Alternate Emergency Contact (Name and Phone Number) _____

HEALTH INFORMATION

How long has your child been treated for asthma? _____

How often does your child usually wheeze? _____

Can your child swallow pills? _____

Date of last tetanus booster? _____

List any other medical or emotional problems: _____

List any known drug allergies. If none write "None Known": _____

List any food or environmental allergies: _____

Additional comments: _____

I (parent/guardian) hereby verify that all the information stated on both sides of this medical form is correct and reflects all information of which I am aware. I hereby give permission to the medical personnel selected by the Camp Director to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for my child. In case of an accident or illness, the cost of medical care is the financial responsibility of the ill or injured person or parent or legal guardian. In addition, I hereby give permission for the Texas Asthma Camp for Kids to administer appropriate over-the-counter medications if the nurse deems it necessary. Dosages will be administered according to directions on the bottle unless the physician directs otherwise. **I also understand that if my child has been diagnosed with Attention Deficit Disorder (ADD or ADHD) and is on medication during the school year, he/she will need to remain on this medication during camp and that failure to comply with this request may mean my child will be sent home.**

Signature of Parent/Guardian _____

Relationship _____ Date _____

TEXAS ASTHMA CAMP FOR KIDS
CAMPER MEDICAL INFORMATION FORM - PART 2 OF 2

Name of Child _____

Name of Physician _____

Office/Clinic Name _____

Address _____
Street City State Zip

Telephone Number (include area code) _____

Please list medications required for this child. Indicate if the medication route is inhaled or oral.
Medications will be given according to this list at breakfast, lunch, dinner, and/or bedtime.

MEDICATION ORDERS – Note each time as AM or PM

DRUG	DOSE	ROUTE	TIME(S) GIVEN AT HOME	ONLY as needed?
Example: Azmacort inh.	2 puffs	inhaled	twice daily; 8 a.m., 6 p.m.	Y or N
_____	_____	_____	_____	Y or N
_____	_____	_____	_____	Y or N
_____	_____	_____	_____	Y or N
_____	_____	_____	_____	Y or N
_____	_____	_____	_____	Y or N
_____	_____	_____	_____	Y or N

MEDICAL HISTORY

List any known reactions to drugs, animals, insects, etc.: _____

Have any oral steroids been required in the last year? _____

If yes, what drug, dosage, and date: _____

Has child ever been on a respirator? (If yes, date) _____

Date of last physical exam: _____

Date of most recent hospitalization for asthma: _____

Date and results of last pulmonary function tests (if available):

	Measured	Predicted
FVC	_____	_____
FEV	_____	_____
Peak Flow	_____	_____
FEF 25-75	_____	_____

List any other medical problems (skin, hearing, sinus, etc.): _____

NOTE: If camper has Attention Deficit Disorder with or without Hyperactivity (ADD or ADHD) and ordinarily takes medication for this during the school year, these medications should be continued during the week of camp even if the child is usually withdrawn from such therapy during the summer vacation. This will minimize the chance that behavior issues will surface and interrupt the camp experience for the camper and others.

Signature of Physician _____ Date _____