

TO BE COMPLETED BY THE PARENT / GUARDIAN

**TEXAS ASTHMA CAMP FOR KIDS
CAMPER MEDICAL INFORMATION FORM - PART 1 of 3**

Name of Child _____ Birthdate _____

Address _____
Street City State Zip

Age _____ Sex _____

Name of Parent/Guardian _____

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

Day Telephone _____ Evening 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 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. In case of an accident or illness, the cost of medical care is the financial responsibility of the parent or guardian of the ill or injured child. **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 _____

TO BE COMPLETED BY THE PARENT / GUARDIAN

**TEXAS ASTHMA CAMP FOR KIDS
CAMPER MEDICAL INFORMATION FORM - PART 2 of 3**

Name of Child _____ Date: _____

SPECIAL PERMISSIONS for 2011

TheraPet, Inc

One of the activities we have each year at camp is a visit from TheraPet, Inc. - a local organization of volunteers, working together to promote the valuable bond between people and animals .Their main purpose is for animals and their owners to visit nursing homes, veterans' homes, rehabilitation centers, and other groups or individuals with special needs.

TheraPet animals are pets that, with their owners, have gone through a very rigorous training that lasts over a year, and requires certification. They currently visit all three hospitals in Tyler and Hospice of East Texas, just to name a few.

For the last four years, TheraPet members have brought a small group of their dogs and miniature horses for the kids to learn about and pet. Each animal is required to have a bath (which greatly reduces the dander), teeth brushed, and nails trimmed within 24 hours of a visit. Additionally, we explain to the children that they shouldn't touch their faces, and we have them wash their hands/arms immediately after the activity. To date, we have not had a problem with this activity for children who are allergic to pet danger.

In order for your child to participate, we need your signature below. It is not a problem if your wishes are that your child not participate – we will provide an alternative for him/her.

I, as Parent/Guardian, give permission for my child to participate in the Therapet Activity.

I, as Parent/Guardian, DO NOT give permission for my child to participate in the TheraPet Activity.

Chick-Fil-A

Each year, Chick-Fil-A very generously donates lunch one day for the Texas Asthma Camp. As you may know, their chicken is fried in peanut oil, and according to their website, "there have been many well-designed studies to test the effect of highly refined oils on allergic individuals, and the majority of these "support the position that refined oils are safe for the food allergic-allergic population to consume."

HOWEVER, THIS IS A INDIVIDUAL DECISION FOR YOU TO MAKE AS A PARENT/GUARDIAN OF YOUR CAMPER.

Please indicate below by your signature whether or not your child can have Chick-Fil-A. Again, it is not a problem is you prefer that your child not eat Chick-Fil-A. We will make other arrangements for your child.

I, as Parent/Guardian, give permission for my child to eat the Chick-Fil-A meal during camp.

I, as Parent/Guardian, DO NOT give permission for my child eat the Chick-Fil-A meal during camp.

TO BE COMPLETED BY THE CHILD'S PHYSICIAN

**TEXAS ASTHMA CAMP FOR KIDS
CAMPER MEDICAL INFORMATION FORM - PART 3 of 3**

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. **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
Example: Allegra	1 tablet	by mouth	twice daily; 8 a.m., before bed	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):

	<u>Measured</u>	<u>Predicted</u>
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 _____