

Lake Louise Summer Camp Health Service  
**REQUEST FOR ADDITIONAL INFORMATION  
ABOUT YOUR CHILD'S ASTHMA**

Camper Name: \_\_\_\_\_  
Session: \_\_\_\_\_



We want your child to receive appropriate care and support for his/her asthma while attending our program. Contact Lake Louise Camp, at (231)549-2728 with questions or concerns. Please attach additional information as needed, including physician medication orders or greater detail about your child's asthma history.

About Lake Louise Summer Camp...

1. The program takes place in the outdoors. Your camper will be exposed to trees, grasses, dust, pollens, molds, insect bites and a host of other environmental factors.
2. We recommend that campers who use an "as needed" inhaler carry the inhaler with them (on their person). Please mark with the child's full name.
3. The closest hospital is in Gaylord, approximately 20 minutes away.
4. If you have questions about the menu during your child's stay, please contact us.
5. Staff is told that children with asthma are capable self-managers and that these campers know when to use their medication or amend activity to compliment their health status.

❖ **ABOUT TRIGGERS...**

What triggers your child's asthma?

- Exercise
- Fatigue
- Dehydration
- Stress
- Food Item
- Smoke
- Allergen \_\_\_\_\_
- Respiratory infections/common cold
- Other \_\_\_\_\_

Provide details about the triggers, including things which cabin and activity counselors should be told..

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

❖ **USING A PEAK FLOW METER...**

If you use a peak flow meter to monitor your child's status and note signs of a potential flare up, please have your child bring his/her peak flow meter.

When does this child take peak flow readings?

- Breakfast       Lunch       Supper       Bedtime  
 Other: \_\_\_\_\_

"Personal Best" peak flow reading for this child (green range): \_\_\_\_\_

Caution range (yellow): \_\_\_\_\_

What should be done if this child's peak flow reading drops to the caution/yellow range?

\_\_\_\_\_  
\_\_\_\_\_

Danger range (red zone): \_\_\_\_\_

What should be done if this child's peak flow reading drops to the danger/red zone?

\_\_\_\_\_  
\_\_\_\_\_

❖ **ABOUT MEDICATIONS**

Medications are supervised by the Camp Health Officers and kept in the health center with the exception of rescue inhalers that must be carried by the camper. Medications are usually dispensed at mealtimes and before bedtime. While we'd like to use mealtime as much as possible to give routine medications, we can arrange a different time if needed (e.g. mid-morning), mid-afternoon).

**These Medications are Used Daily to Manage this Child's Asthma**

Name of Medication	Dose Given	When	Reason for Using this Med

**These Medications are Taken "As Needed" to Prevent an Asthma Flare**

Name of Medication	Dose Given	When	Reason for Using this Med

**These Medications are Used When this Child's Asthma Flares**

Name of Medication	Dose to be Given	At What Point Should this be Used?	What Effect Should be Expected & How Quickly?

❖ **NEBULIZER TREATMENT & USE**

Will this child bring a nebulizer to the camp? .....  YES       NO

IF YES....We expect the child know when s/he needs a nebulizer treatment and how to use the machine.

What medication is used via nebulizer? \_\_\_\_\_

Nebulizers are kept in the camp health center and available when needed by the camper.

❖ **WHEN WE HAVE QUESTIONS, WHO SHOULD WE CONTACT?**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

❖ **AT WHAT POINT SHOULD WE NOTIFY YOU (Parent, Guardian) ABOUT AN ASTHMA FLARE?**

\_\_\_\_\_

\_\_\_\_\_

❖ **AT WHAT POINT SHOULD THIS CHILD BE TAKEN TO A PHYSICIAN OR HOSPITAL?**

\_\_\_\_\_

\_\_\_\_\_

**Attach this completed form to your child's Health Form!**

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

