

CAMPER INFORMATION to be completed by parent/guardian

ALL MEDICATIONS			
Please include asthma and non-asthma medications			
DRUG NAME (indicate if inhaler, nebulizer or pill)	STRENGTH	DOSAGE	TIME(S) GIVEN (ie 8AM, 12PM, 4PM, 8PM)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HISTORY OF ASTHMA	
How long has your child had asthma? _____ years	
WITHIN THE PAST 3 MONTHS, (on the average):	
How many nights per week does your child wake up because of asthma or coughing?	Nights per week _____
How much does your child's asthma interfere with exercise? <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> A lot	
How many days per week does your child need to use their reliever (rescue inhaler)?	Days per week _____
WITHIN THE PAST YEAR ONLY, how many times has your child:	
Been home from school because of asthma?	Number of days _____
Gone to the doctor's office because of difficulty with his/her asthma?	Number of times _____
Been to the emergency room or urgent care clinic because of asthma?	Number of times _____
Been on oral corticosteroids (e.g., prednisone, Prelone, Prediapred) How many times? _____	Most recent date _____
WITHIN THE PAST 5 YEARS, has your child been:	
Admitted to the hospital for asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No How many times? _____	Age (most recent)? _____
In an intensive care unit for asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No How many times? _____	Age (most recent)? _____
Intubated for asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No How many times? _____	Age (most recent)? _____

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ALLERGY INFORMATION (attach additional page(s) if necessary)

Please note that allergy shots will not be given at camp.

Is your child allergic to any:

MEDICATION (penicillin, sulfa, etc.)? Yes No

Medication Name	Reaction (be specific)	Age of Last Reaction
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOODS? Yes No

Food	Reaction (be specific)	Rating**	Age of Last Reaction
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please rate the severity of your child's food allergy on a scale of 1 to 5 with 1 being mild and 5 very severe

INSECTS? Yes No

Insect	Reaction (be specific)	Age of Last Reaction
_____	_____	_____
_____	_____	_____
_____	_____	_____

BEHAVIORAL HISTORY

Our goal is to provide a safe and positive camp experience for all campers. Personal information is as important as medical information in meeting this goal. All information will be kept confidential within your camper's healthcare team.

Does your child have any behavioral issues at school and/or camp (if applicable) that we should be aware of? _____

What methods have worked to positively redirect your child at home or school? _____

Is your child self-conscious about his/her asthma (e.g., using an inhaler in public)? _____

Parent/Guardian Signature _____

Date _____

FOR OFFICE USE ONLY
Date Rec'd _____

PARENT/GUARDIAN AUTHORIZATION

Both sides must be completed for application to be considered

PARTICIPATION AND EMERGENCY TREATMENT WAIVER

In consideration for the acceptance and participation in Camp WIKIDAS, held June 21-26, 2009, by the American Lung Association in Wisconsin, as parent/guardian, I hereby release the Easter Seal Society of Wisconsin, Inc. (Camp Wawbeek), the Lung Association, its incorporators, physicians, board members, officers, employees, agents, independent contractors and volunteer workers or any other person acting with the permission of either arising out of any injury to his/her person or property during his/her stay at camp, in transit to and from said camp or during any activity approved by and of said person, and we agree to assume any claim which said son/daughter in his/her personal capacity might have against any of said persons for injury as herein stated.

This health history is correct so far as I know and the person herein described has my permission to engage in all prescribed camp activities, except as noted by me and the examining physician. I authorize the Medical Staff of Camp Wawbeek and/or Camp WIKIDAS to administer medical care to my child as deemed necessary. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Camp Director 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 the Easter Seal Society of Wisconsin, Inc., Camp WIKIDAS and/or the American Lung Association in Wisconsin to take and use photographs, video and/or written comments of or by my child for promotional and informational materials. Further, I agree to release and discharge Easter Seal Society of Wisconsin, Camp WIKIDAS and the American Lung Association in Wisconsin 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.

Parent/Guardian Signature

Parent/Guardian name (printed)

Date

RELEASE FOR TRANSPORT HOME

At the conclusion of camp, Camp WIKIDAS Staff may release my child to me, or to the individual(s) designated below. Under no circumstances will my child be released to anyone not specified by me. Picture ID may be required.

I will be picking up my own child.

I authorize the following adult to pick up my child for me: *(please print)*

Name _____ Relationship to child _____ Phone (____) _____

*****We need your signature below even if YOU plan to pick up your child.*****

Parent/Guardian Signature

Date

Phone # (____) _____
Where to reach you at time of pick up

AUTHORIZATION TO RELEASE MEDICAL DATA

I do hereby authorize Camp WIKIDAS and the American Lung Association in Wisconsin 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.

I authorize Camp WIKIDAS to provide necessary medical information about my child to his/her school/school nurse.

Name _____ Relationship to child _____ Phone (____) _____

Please Print

Parent/Guardian Signature

Date

Work Phone (____) _____

HOW DID YOU HEAR ABOUT ASTHMA CAMP?

Please check one:

- Previous camper or camp staff
 Internet/Web Site
 Magazine

- Healthcare Provider's Office
 Radio
 Friend

- Social Worker
 TV
 Called/wrote to ALA

- School Nurse
 Newspaper
 Other _____

CAMPER CODE OF CONDUCT

(Please review with your child)

It is our hope that all campers 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 parent/guardians and their children understand what we expect at camp. We recognize the special needs of our campers and will individualize, to the extent possible, the rules according to the needs and abilities of each camper.

Camp WIKIDAS has four basic rules that we explain to the children and also post in the cabins.

- **Respect yourself, others and property.** Respecting yourself refers to keeping your things picked up in your cabin and around camp, keeping good personal hygiene and taking your medication on time. Respect of others includes no physical or verbal abuse toward others, any inappropriate language, fighting, stealing, etc. This also includes damage to property, graffiti or vandalism.
- **No put-downs.** Examples of this would include teasing, name-calling, racial slurs or inappropriate practical jokes.
- **Participate in camp activities.** It is the responsibility of camp staff to know where all the campers are at all times. We ask campers to be at all activities unless excused by staff. Campers cannot be left alone in their cabin.
- **Follow directions.** There are many fun things to do at camp. Each activity has rules so we can operate the activity safely and appropriately. We ask campers to follow staff direction during all activities

If we do have a problem with inappropriate behavior, we have a camper behavior response policy. The camp staff will begin by giving the child a warning, and then a time-out with an explanation and discussion on what is causing the problem. If the camp staff needs help, a behavioral specialist or the designated healthcare team supervisor on site will work with the child to help avoid further problems. We will also call home to find out if the parent/guardians have any suggestions on ways to deter the inappropriate behavior. If behavior is not corrected, as a last resort, we may need to send a child home. Sometimes in the case of severe homesickness or if misbehavior could cause immediate harm to themselves or others, we reserve the right to immediately ask that the child be removed from camp. Transportation home will be the responsibility of the camper parent/guardian.*

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.

*In the event your child needs to be escorted home due to poor behavior, you, as parent/guardian, hereby release camp, the association, its incorporators, physicians, board members, officers, employees, agents, independent contractors and volunteer workers from any liability.

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

Parent/Guardian Signature

Parent/Guardian name (printed)

Date

I agree to abide by the Camper Code of Conduct

Camper Signature

Camper name (printed)

Date

RELEASE OF LIABILITY FOR EASTER SEAL CAMPS

LOW AND HIGH ROPES COURSE ELEMENTS

I agree to abide by all rules, regulations and instructions as indicated through communications from Easter Seals and their camp staff during the programs that I'm involved in.

I understand and appreciate there are a number of inherent risks involved in adventure based programs and the specific activities of which I/my son/daughter will be involved, which are beyond the control of Easter Seal camp staff. I agree to personally assume these risks and the full responsibility for my/my son's/daughter's actions.

I understand that participation in any and all of the activities is strictly voluntary and that I/my son/daughter may choose, at any time, to participate or not. Should I/my son/daughter choose to participate, I agree to release Easter Seals, any leader, instructor, facilitator or employee of Easter Seals of any liability in the case of injury and/or the loss of personal property. I also agree to waive any past, present or future claims, demands or causes of action against Easter Seals, its staff or other employees by myself, my heirs or legal guardians.

I do here claim that I am competent and do freely agree to the above stipulations as conditions of my participation in the adventure based activities.

Signed: _____ Date: _____
(Camper)

Signed: _____ Date: _____
(Parent/Guardian)

FOR OFFICE USE ONLY

Date Rec'd _____



ASTHMA CAMP MEDICAL HISTORY AND PHYSICAL EXAMINATION

MUST be completed by the child's Healthcare Provider (page 1 of 2)

An important note to Healthcare Providers:

This form is a **mandatory** part of your patient's asthma camp application. If appropriate, please try to simplify the medication regime that the child follows during camp. For example: if a medication can be given TID, with meals, instead of QID (or BID instead of TID), this would be helpful for the child and the medical personnel. Inhalation therapy with a nebulizer can be time consuming for the child at camp; please carefully review the child's need for this form of therapy.

*****Please note that allergy shots will not be given at camp.*****

Child's name _____ Height _____ Weight _____ B/P _____

Date of last physical exam ____ / ____ / ____

****Last physical exam MUST take place within past year, since June 2008**

Immunization Dates or attach Wisconsin Immunization Record (WIR):

DT _____ Hepatitis B _____

MMR _____ Chicken Pox _____

CAMPER MEDICAL HISTORY

Please circle (Y) Yes or (N) No

1. Is this patient under regular care? _____ Y / N Date of last appointment ____ / ____ / ____

2. Have there been any hospitalizations for asthma in the PAST 5 YEARS? _____ Y / N How many? _____
Date of most recent hospitalization (month, year) ____ / ____ / ____

3. Has this child been:

a. In the ICU or intubated because of asthma in the PAST 5 YEARS? _____ Y / N How many times? _____
Date of most recent ICU admittance or intubation? ____ / ____ / ____

b. On oral corticosteroids within the PAST YEAR? _____ Y / N How many times? _____
Date of most recent course? ____ / ____ / ____

c. Hospitalized for reasons other than asthma? _____ Y / N How many times? _____

4. Has this child received the following tests or evaluations in the past year?

Health/Development History _____ Y / N

Physical Examination _____ Y / N

5. Does this child have any of the following problems?

Convulsive disorders _____ Y / N Heart Disease _____ Y / N Discipline Problems _____ Y / N

Hyperactivity _____ Y / N Fainting _____ Y / N Sleepwalking _____ Y / N

Diabetes _____ Y / N Bedwetting _____ Y / N Constipation _____ Y / N

Learning Disabilities _____ Y / N ADD _____ Y / N ODD _____ Y / N

OCD _____ Y / N Other _____ Y / N

Please explain any "yes" answers _____

6. Does the Camp Healthcare team need to be aware of any of the following:

a. Known medical problems, besides asthma? _____ Y / N

b. Known behavioral or psychological issues? _____ Y / N

c. Foods that must be completely eliminated from this patient's camp diet? _____ Y / N

d. Other allergy or sensitivity problems? _____ Y / N

e. Specific medication issues? _____ Y / N

f. Treatments you prefer **not** be used at camp? _____ Y / N

g. Restrictions/limitations on participation in any asthma camp activities? _____ Y / N

Please explain any "yes" answers (please be specific) _____

7. Based on the NHLBI's EPR-3 Guidelines severity classification, how would you classify this child's asthma?

Intermittent Asthma Persistent Asthma: Mild Moderate Severe

8. On a scale of 0 to 10, with 0 as the least severe and 10 as most severe, how would you rate this child's asthma?

0 1 2 3 4 5 6 7 8 9 10
(No Asthma) (Severe Asthma)

(Over please)

