

Dear Parents,

The **American Lung Association in California** is proud to present the **37TH ANNUAL SCAMP CAMP** for children with asthma. This is a special chance for children to be a part of an amazing summer experience. Children will be involved in traditional camp activities *and* learn skills on how to manage their asthma.

One of the major values of SCAMP Camp is the volunteer medical staff. All volunteers are trained to teach the children proper ways to manage their asthma. The team of medical staff is made up of doctors, nurses, and respiratory therapists from *your* communities. The medical staff helps the children learn to recognize their asthma triggers, understand their medicine and how to use their inhalers, develop ways to prevent and control future episodes, and communicate to others about their asthma!

This a great experience for a child with asthma! Below is what you need to know to apply for camp:

- **REQUIREMENTS TO APPLY**

- Child must be 8-13 years old
- Child must be diagnosed with asthma by their doctor
- Child must have received the H1N1 vaccine.
- A **\$35 non-refundable application fee** is required with the application. Please pay by check or cash.
- At least one parent must attend the **SCAMP Camp Parent Orientation Meeting** at the American Lung Association. ATTENDANCE IS MANDATORY. Date to be announced.

- **DATES OF CAMP:** Sunday, June 27st to Friday, July 2nd, 2010

- **LOCATION:** SCAMP Camp is held at YMCA Camp Marston in Julian, CA. Transportation is provided to camp.

- **APPLICATION DEADLINE: Friday, May 28, 2010**

APPLICATION DUE: Friday, May 28, 2010	Make ALL checks payable to:	Questions/Comments:
<p>Send Completed Application and Payment to: Luis Lechuga 2750 Fourth Ave. San Diego, CA 92103 llechuga@alac.org Phone: (619) 297-3901 Fax: (619) 297-8402</p>	<p>American Lung Association in California *Remember to include on Notes line (1) child's name and (2) SCAMP Camp 2010*</p>	<p>Call: (800) LUNG-USA to be connected with your local office</p>

Donations are welcome to support this special, educational experience for children with asthma. *Donations can be made payable to the American Lung Association in California (ALAC).* The ALAC is a community-based agency that is fueled by families and communities such as yours. Together we can promote lung health and prevent lung disease, If you have any further questions or need more information about this program, please call 1 (800) LUNG-USA to speak with to your local office.

We look forward to another exciting and memorable SCAMP Camp!

Sincerely,

SCAMP Camp 2010 Program Staff

Camper Information

Name:		Prefers to be called:		Sex: Female Male	
Date of Birth:	Age:	Grade:	T-shirt Size (circle one for each row): youth adult S M L XL		
Address:			City:		Zip Code:
Home Phone:		How did you hear about camp?			
Have you attended this Camp before?		Yes No	For how many sessions? ___sessions		

Parent/Guardian Information

Name:		Relationship to child:		Email:	
Address same as above? Yes No (If no, please complete below)		Home Phone same as above?: Yes No (If no, please complete below)		Cell Phone:	
Address: City:		Phone:		Work Phone:	
Zip:					
Name:		Relationship to child:		Email:	
Address same as above? Yes No (If no, please complete below)		Home Phone same as above?: Yes No (If no, please complete below)		Cell Phone:	
Address: City:		Phone:		Work Phone:	
Zip:					
Are parents living together? Yes No		Are there any custody restrictions? Please explain.			

Emergency Contact Information (other than the Parent/Guardian)

Name:		Relationship to child:		Phone:	
Name:		Relationship to child:		Phone:	

Doctor and Insurance Information

Name of Child's "Regular" Doctor:		Address:		Phone:	
Name of Child's "Asthma" Doctor:		Address:		Phone:	
Name of Health Insurance:		Policy/ Group Number:			

FOR OFFICE USE ONLY
Asthma Ranking _____
Social/Emotional Ranking _____
Other Notes:

Medication Information (List ALL medication child takes)

Medication Name	Strength (ex. 250/50)	Amount (ex. 1 tsp, 2 puffs, 1 tablet)	Regular or as needed? (circle one)	How Often?				For asthma? If NO, please explain what the medication is for.
				1x/day	2x/day	3x/day	4x/day	
			Regular As needed					YES ___ NO ___ Reason:
			Regular As needed					YES ___ NO ___ Reason:
			Regular As needed					YES ___ NO ___ Reason:
			Regular As needed					YES ___ NO ___ Reason:
			Regular As needed					YES ___ NO ___ Reason:
			Regular As needed					YES ___ NO ___ Reason:

Who is responsible for giving your child's asthma medication at home? Child ___ Parent ___ Both ___

Allergies

What significant food, medication, or insect allergy (allergies) does your child have?	What was your child's reaction?	What treatment did your child receive?	Age of last reaction

Family Information

Ethnicity:
 African American ___ Alaska Native ___ American Indian ___ Asian ___ Caucasian ___
 Hispanic or Latino ___ Native Hawaiian or Pacific Islander ___ Other (please specify) _____

Income Information: Number of people in family _____ What is your family's yearly income? _____

Language: What is the language spoken most at home? English ___ Other (please specify) _____

Has your child ever been away from home and parents for more than a few days? Yes No
 If so, were there any problems? _____
 Do you anticipate any problems with homesickness at asthma camp? _____

Is there any other information you think the camp should know about your child?

History of Asthma

How many **years** has your child had asthma? _____

On a scale of 0-10, how bad is your child's asthma?
(NO ASTHMA) **0 1 2 3 4 5 6 7 8 9 10** (SEVERE ASTHMA)

Within past 3 months:

- (1) How many nights per week, on the average, does your child wake up because of asthma or coughing?
_____ nights per week
- (2) How much does your child's asthma interfere with exercise? (please circle)
None Some Moderate A lot

Within past year, how many times did your child need to

- (1) Stay home from school because of asthma? _____ days
- (2) Be taken to the doctor's office because of difficulty with his/ her asthma (do not include regular office visits)?
_____ times
- (3) Be taken to the emergency room or urgent care clinic because of asthma difficulty? _____ times
- (4) Be admitted to the hospital for asthma? Yes No
How many times total? _____ How old was he or she each time? _____
- (5) Be in an intensive care unit for asthma? Yes No
How many times total? _____ How old was he or she each time? _____
- (6) How many times have oral corticosteroids (for example - Prednisone, Medrol, Deltasone, Decadron, Pediapred, Prelone, Liquidpred, OraPred, BubblyPred and others) been used for the control of your child's asthma?
_____ courses Date of most recent course? _____

Within past 5 years:

- (1) Has your child been admitted to the hospital for asthma? Yes No
How many times total? _____ How old was he or she each time? _____
- (2) Has your child been in an intensive care unit for asthma? Yes No
How many times total? _____ How old was he or she each time? _____

Is your child on allergy injections? (No allergy shots will be given at camp, unless there are special circumstances)
Yes No

Describe any emotional effects or changes you have observed in your child due to asthma:

OTHER ASTHMA QUESTIONS:

- (1) Does your child have an Asthma Action Plan? Yes No If so, please attach to this form.
- (2) Does your child use a peak flow meter? Yes No
If yes, what brand? _____ If yes, what is your child's normal reading? _____
Does your child use it routinely? Yes No
If so, how often? _____ time(s) a day _____ time(s) a week _____ only when having symptoms
- (3) Does your child use a spacer/holding chamber with his/her inhaler? Yes No If so, which one? _____
- (4) Has your child attended classes or education programs about asthma? Yes No

Other Medical Information

Has your child had the following illnesses?

Measles?	Yes	No	Rubella?	Yes	No
Chicken Pox?	Yes	No	Mumps?	Yes	No

Date of most recent tetanus booster: _____ DPT, Polio and MMR immunizations up-to-date? Yes No
 Has your child received the H1N1 vaccine? Yes No If yes, on what date was it received: _____

Specifically, does your child have any of the following problems?

Convulsive Disorders?	Yes	No	Hyperactivity?	Yes	No
Diabetes?	Yes	No	Heart Disease?	Yes	No
Fainting?	Yes	No	Bedwetting?	Yes	No
Discipline Problems?	Yes	No	Sleepwalking?	Yes	No
Constipation?	Yes	No	Learning Disability?	Yes	No
Depression?	Yes	No	Obsessive Compulsive Disorder?	Yes	No
Attention Deficit Disorder?	Yes	No			

Is your child disabled? Yes No
 If yes, please explain child's disability:

Does your child have any other medical problems or conditions (not listed above) that the camp should know about? Yes No
 If yes, please explain:

Questions about your child's asthma control

How often over the past 4 weeks has/have:	All of the time	Most of the time	Some of the time	A little of the time	None of the time
Your child complained of being short of breath					
Exertion (such as running) made your child breathless					
Your child coughed at night					
Your child been woken up by wheezing and coughing					
Your child stayed indoors because of wheezing or coughing					
Your child's education suffered due to his/her asthma (during school)					
Your child's asthma interfered with his/her life					
Asthma limited your child's activities					
Taking his/her inhaler or other treatments interrupted your child's life					
You had to make adjustments to family life because of your child's asthma					

PARENT/LEGAL GUARDIAN AUTHORIZATION

Please initial after each section heading and sign completely at the bottom of the page

PARTICIPATION AND EMERGENCY TREATMENT WAIVER _____ (initial)

In consideration for being allowed to register and participate in SCAMP Camp, held June 27-July 2, 2010, sponsored by the American Lung Association in California, as parent/guardian I hereby release the Association, its Incorporators, Physicians, Board Members, Officers, Employees, Agents, Independent Contractors and Volunteer Workers from any liability for injuries which are sustained during the camp, **including any necessary transportation**. The child herein described has permission to engage in all scheduled activities except as noted by the physician or parent/guardian. I hereby give permission to the camp physician 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 _____ (initial)

I do hereby acknowledge and authorize SCAMP Camp and the American Lung Association in California to take and use photographs, video and written comments of or by my child for promotional and informational materials. Further, I agree to release and discharge the American Lung Association in California 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.

AUTHORIZATION TO RELEASE MEDICAL DATA _____ (initial)

I do hereby authorize SCAMP Camp and The American Lung Association in California 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.

RELEASE FOR TRANSPORT HOME _____ (initial)

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

Name _____ Relationship to child _____ Phone () _____

Name _____ Relationship to child _____ Phone () _____

Print Name of Parent/Guardian

Signature of Parent

Date

CAMPER CODE OF CONDUCT *(Please review with your child)*

It is our hope that everyone that participates in our program 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 parents and children understand what we expect at camp. We recognize the special needs of our campers and will as much as possible; individualize the rules according to the needs and abilities of each camper.

Camp has four basic rules that we explain to the children and also post in the cabins. We have these rules so that everyone can be assured of a positive experience.

- **Respect yourself, others and property.** This means abuse toward others or using inappropriate language, fighting, stealing, etc. It also covers property damage, graffiti or vandalism. To respect yourself means to pick up your things, take care of your personal hygiene and take your medication on time.
- **Participate in camp activities.** It is camp’s responsibility 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 a lot of fun things to do at camp but every activity has rules so we can operate the activity safely and appropriately. We ask the campers to follow staff direction during these activities.
- **No put-downs.** Examples of this would include teasing, name-calling, racial slurs or inappropriate practical jokes.

If we do have a problem with inappropriate behavior, we have a camper behavior response policy. The counselor will start by giving the child a warning, then a time-out with an explanation and discussion on what is causing the problem. If the counselor 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 parents have any suggestions on ways to deter the inappropriate behavior. 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.

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.

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

Parent’s Signature

I agree to follow the Camper Code of Conduct _____ / / _____
Camper’s Signature Date

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