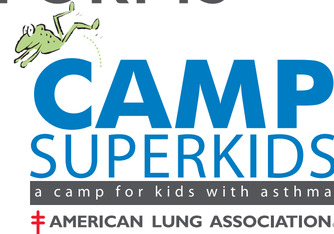
**Parent/Guardian** STAPLE PHOTO OF YOUR SON/DAUGHTER HERE

# 2019 CAMPER HEALTH FORMS

Return All Forms to Secure Spot in Camp

Parent/Guardian fills out pages 1-6
Physician fills out pages 7-8




Camper Name ______________________ Birthdate ____/____/____
First Middle Initial Last

**Sex** ☐ Male ☐ Female Nickname ______________ Age at Camp ______ Grade Entering in Fall ______

**Ethnicity** ☐ American Indian ☐ Asian ☐ Black or African American ☐ Caucasian ☐ Hispanic or Latino ☐ Pacific Islander

Name of the school your child be entering in the Fall of 2019 ______________________

Address of school ______________________

## EMERGENCY CONTACT INFORMATION

**Mother:** ☐ **Check if Primary Residence**

First Last

Address

City State Zip

Home Telephone ___ - ___ - ___

Work Telephone ___ - ___ - ___

Cell Telephone ___ - ___ - ___

Email

**Father:** ☐ **Check if Primary Residence**

First Last

Address

City State Zip

Home Telephone ___ - ___ - ___

Work Telephone ___ - ___ - ___

Cell Telephone ___ - ___ - ___

Email

**Guardian(s):** ☐ **Check if Primary Residence**

First Last

Address

City State Zip

Home Telephone ___ - ___ - ___

Work Telephone ___ - ___ - ___

Cell Telephone ___ - ___ - ___

Email

What county does your camper live in? __________ T-shirt size for camper? ☐ YM ☐ YL ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Who will be the primary contact while your child is at camp? __________ Best # to call? ___-___-___

Who is (are) the legal guardian(s) for this child? ______________________

Are there any custody or visitation restrictions? ☐ Yes ☐ No If yes, please describe ______________

**If parents/guardian are not available in an emergency, please notify** *(this must be filled out)*:

Name ______________ Relationship to child __________ Phone ___-___-___

Name ______________ Relationship to child __________ Phone ___-___-___

## CAMPER INFORMATION Has your child:

Attended this camp before? ☐ Yes ☐ No Please circle years: 2011 2012 2013 2014 2015 2016 2017 2018

Attended other asthma camps? ☐ Yes ☐ No Name and location ______________

Attended other residential non-asthma camps? ☐ Yes ☐ No Name and location ______________

Camped with family or others? ☐ Yes ☐ No Explain ______________

Ever been away from home and parents for five days or more? ☐ Yes ☐ No Explain ______________

Suffered from homesickness? ☐ Yes ☐ No Explain ______________

Been placed on any activity restrictions? ☐ Yes ☐ No Explain ______________

Had any recent changes in their family? ☐ Yes ☐ No Explain ______________

CAMP SUPERKIDS
a camp for kids with asthma
AMERICAN LUNG ASSOCIATION.

Camper's Name______________________________________________ 

**HEALTHCARE PROVIDER INFORMATION** Please indicate all healthcare providers your child presently sees.

Pediatrics/General ______________________________ Phone ______-______ - ________
Name

Allergist ______________________________ Phone ______-______ - ________
Name

Pulmonologist ______________________________ Phone ______-______ - ________
Name

Other ______________________________ Phone ______-______ - ________
Name

Do you have insurance for your child? ☐ Yes ☐ No

Name of Insurance Plan ______________________________

Policy/Group # ______________________ Member #/ID ______________________
Member ID# will be used for PrimeWest members for camperships

**CAMPER HEALTH HISTORY** Does your child have any of the following health concerns?

| | | | | | |
|---|---|---|---|---|---|
| Heart Disease | ☐ Yes ☐ No | Fainting | ☐ Yes ☐ No | Sleepwalking | ☐ Yes ☐ No |
| Diabetes | ☐ Yes ☐ No | Discipline Problems | ☐ Yes ☐ No | Hyperactivity | ☐ Yes ☐ No |
| Convulsive Disorders | ☐ Yes ☐ No | Bedwetting | ☐ Yes ☐ No | Constipation | ☐ Yes ☐ No |
| Learning Disability | ☐ Yes ☐ No | ADD/OCD *(circle)* | ☐ Yes ☐ No | Other ____________ | |

If you answered yes to any of the above, please explain: ______________________________

______________________________________________

Are there any present physical education restrictions at school? ☐ Yes ☐ No Explain: ____________

______________________________________________

Are there other medical conditions, other than asthma and allergies, for which your child is being treated or followed by a health care provider? ☐ Yes ☐ No If yes, please explain: ______________________

______________________________________________

Who is responsible for giving your child asthma medication at home? ☐ Child ☐ Parent ☐ Other ____________

Does your child use a peak flow meter? ☐ Yes ☐ No If yes, what is your child's normal reading? ____________

Do they use it regularly (2-7 times/week)? ☐ Yes ☐ No

Does your child have a written asthma action plan? ☐ Yes ☐ No If yes, please attach your asthma action plan.

On a scale of 0 to 10, how would you rank your child's asthma? *(Circle only one number!)*

**NO ASTHMA** 0 1 2 3 4 5 6 7 8 9 10 **SEVERE ASTHMA**

CAMP SUPERKIDS
a camp for kids with asthma
AMERICAN LUNG ASSOCIATION.

Camper's Name_______________________________________________ 

**ALL MEDICATIONS** Please include asthma and non-asthma medications ***(to be completed by parent/guardian)***

| DRUG NAME *(indicate if it is an inhaler, nebulizer or pill)* | STRENGTH | DOSAGE | FREQUENCY |
|---|---|---|---|
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## HISTORY OF ASTHMA

How long has your child had asthma?___________years

WITHIN THE PAST 3 MONTHS, *(on 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? ☐ None ☐ Some ☐ 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

Went 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, Pediapred) How many times?___________ Most recent date __________

WITHIN THE PAST 5 YEARS, has your child been:

Admitted to the hospital for asthma? ☐ Yes ☐ No How many times? _______________ Age *(most recent)*_______________

In an intensive care unit for asthma? ☐ Yes ☐ No How many times? _______________ Age *(most recent)*_______________

Intubated for asthma? ☐ Yes ☐ No How many times? _______________ Age *(most recent)*_______________

Camper's Name ____________________ 

## ALLERGY INFORMATION 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) | Age of Last Reaction |
| --- | --- | --- |
| | | |
| | | |
| | | |

**ANIMALS or INSECTS** ☐ Yes ☐ No

| Animal or Insect | Reaction (be specific) | Age of Last Reaction |
| --- | --- | --- |
| | | |
| | | |
| | | |

## BEHAVIORAL HISTORY

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

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

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)?* ____________________

**Return all forms (8 pages) to secure your camper's spot. Please return to Val Haga**
Fax: 651-227-5459 | Mail: 490 Concordia Ave, St. Paul, MN 55103 | Email: Val.Haga@Lung.org

CAMP SUPERKIDS
a camp for kids with asthma
AMERICAN LUNG ASSOCIATION



## PARENT'S AUTHORIZATION

### PARTICIPATION AND EMERGENCY TREATMENT WAIVER

In consideration for being allowed to register and participate in Camp Superkids, sponsored by the American Lung Association, 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.

Parent/Guardian Signature ______________________________ Date ________/________/ ________

### PHOTOGRAPHY, VIDEO AND PROMOTIONAL RELEASE

I do hereby acknowledge and authorize Camp Superkids and the American Lung Association to take and use photographs, video and written comments of or by my child for promotional, online, and informational materials. Further, I agree to release and discharge Camp Superkids and the American Lung Association 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 ______________________________ Date ________/________/ ________

### RELEASE FOR TRANSPORT HOME

At the conclusion of camp, the Camp Staff may release my child to me, 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 to pick up your camper(s).**

☐ I will be picking up my own child.

☐ Alternate adult designated to pick up my child for me.

Name ____________________ Relationship to child ______________ Phone________ - ________ - ________
Please print

*****We need your signature below even if YOU are planning on picking up your child.*****

______________________________ ______________ ________ - ________ - ________
Signature of Parent or Guardian Date Daytime Phone

### AUTHORIZATION TO RELEASE MEDICAL DATA

I do hereby authorize Camp Superkids and American Lung Association 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 Superkids to provide necessary medical information about my child to my child's school/school nurse.

Name ____________________ Relationship to child ______________ Phone________ - ________ - ________
Please print

______________________________ ______________ ________ - ________ - ________
Signature of Parent or Guardian Date Daytime Phone

### HOW DID YOU HEAR ABOUT ASTHMA CAMP? Please circle one:

☐ Healthcare Provider's Office ☐ Social Worker ☐ Radio ☐ Internet/Website

☐ School Nurse ☐ TV ☐ Newspaper ☐ Magazine

☐ Friend ☐ Called the Lung Association ☐ Other ____________________

☐ Previous camper or camp staff

Camper's Name_______________________________________________ 

**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.

1. **Respect yourself, others and property.** This means abusiveness toward others or using inappropriate language, fighting, stealing, etc. It also covers property damage, graffiti or vandalism. Respect yourself, refers to keeping your things picked up, personal hygiene and taking your medication on time.
2. **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.
3. **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.
4. **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, and 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.

***In the event your child needs to be escorted home due to poor behavior, you, as parent/guardian, hereby release 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.

Signature of Parent or Guardian ______________________________________________

I agree to abide by the Camper Code of Conduct. ______________________________ ________/________/________
Camper's Signature Date

**SCHEDULING YOUR CHILD'S PHYSICAL EXAMINATION**
**The next two pages need to be filled out by your child's pediatrician/family practice or asthma doctor. Please schedule your appointment and indicate below when you have your appointment scheduled and return pages 1-6 to Val Haga to secure your spot in camp. Val must receive your Asthma History and Physical Examination within three days after your doctor's appointment or you may lose your place in camp.**

Doctor's appointment is scheduled for: ______/______/______

**Your doctor's office can fax Val Haga the forms (pages 7-8) to 651-227-5459.**

**Please return to Val Haga**
Fax: 651-227-5459 | Mail: 490 Concordia Ave, St. Paul, MN 55103 | Email: Val.Haga@Lung.org

# 2019 PHYSICIAN'S FORMS

CAMP SUPERKIDS
a camp for kids with asthma
AMERICAN LUNG ASSOCIATION.



## ASTHMA MEDICAL HISTORY AND PHYSICAL EXAMINATION FORM

**An important note to Healthcare Providers:** This Medical History and Physical Examination form is a mandatory part of your patient's asthma camp application. If applicable, 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. Furthermore, 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. ***Allergy shots will not be given at camp.***

Child's Name ______________________ Height ________ Weight ________ B/P ________

Date of last physical exam or asthma appointment _____ / _____/ _____

*Last physical exam MUST take place after July 1, 2018.

**Immunization Dates**

DT ________ Hepatitis B ________

MMR ________ Chicken Pox ________

Influenza ________

## HISTORY

1. Is this patient under regular care? ☐ Yes ☐ No Date of last appointment ______ / ______ / ______
2. Have there been any hospitalizations for asthma in the PAST 5 YEARS? ☐ Yes ☐ No 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? ☐ Yes ☐ No How many times? ________

      Date of most recent ICU admittance or intubation? ______/ ______ / ______

   b. On oral corticosteroids within the PAST YEAR? ☐ Yes ☐ No How many times? ________

      Date of most recent course ______/______ / ______

   c. Hospitalized for reasons other than asthma? ☐ Yes ☐ No How many times? ________
4. Has this child received the following tests or evaluations in the past year?

   Health/Development History ☐ Yes ☐ No

   Physical Examination ☐ Yes ☐ No
5. Does this child have any of the following problems?

| | | | | | |
|---|---|---|---|---|---|
| Convulsive disorders | ☐ Yes ☐ No | Heart Disease | ☐ Yes ☐ No | Discipline Problems | ☐ Yes ☐ No |
| Hyperactivity | ☐ Yes ☐ No | Fainting | ☐ Yes ☐ No | Sleepwalking | ☐ Yes ☐ No |
| Diabetes | ☐ Yes ☐ No | Bedwetting | ☐ Yes ☐ No | Constipation | ☐ Yes ☐ No |
| Learning Disabilities | ☐ Yes ☐ No | ADD | ☐ Yes ☐ No | ODD | ☐ Yes ☐ No |
| OCD | ☐ Yes ☐ No | Other ________ | | | |

   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? ☐ Yes ☐ No
   b. Known behavioral or psychological issues? ☐ Yes ☐ No
   c. Foods that must be completely eliminated from this patient's camp diet? ☐ Yes ☐ No
   d. Other allergy or sensitivity problems? ☐ Yes ☐ No
   e. Specific medication issues? ☐ Yes ☐ No
   f. Treatments you prefer not be used at camp? ☐ Yes ☐ No
   g. Restrictions/limitations on participation in any asthma camp activities? ☐ Yes ☐ No

Please explain any "yes" answers *(please be specific)* ________________

7. Based on the NHLBI's guidelines severity classification, how would you classify this child's asthma?

   ☐ Intermittent Asthma ☐ Persistent Asthma ☐ Mild ☐ Moderate ☐ Severe
8. How would you rate the severity of this child's asthma on a scale of 0–10? *(Circle one number only)*

**NO ASTHMA** 0 1 2 3 4 5 6 7 8 9 10 **SEVERE ASTHMA**

Camper's Name_______________________________________________ 

***Please include asthma and non-asthma medications.***

| DRUG NAME *(indicate if it is an inhaler, nebulizer or pill)* | STRENGTH | DOSAGE | FREQUENCY |
|---|---|---|---|
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**ALLERGY INFORMATION** Is this 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) | Age of Last Reaction |
|---|---|---|
| | | |
| | | |
| | | |

**ANIMALS or INSECTS** ☐ Yes ☐ No

| Animal or Insect | Reaction (be specific) | Age of Last Reaction |
|---|---|---|
| | | |
| | | |
| | | |

**HEALTHCARE PROVDER'S AUTHORIZATION**

I have examined the above camp applicant. My signature below indicates that I believe this patient is able to participate in an active camp program designed for children with asthma.

Healthcare Provider Signature ______________________ Printed Name of Healthcare Provider ______________________

Clinic or Office ______________________ ( ) Telephone ______________________

Street Address ______________________ City ______________ State ______ Zip Code ______

Date ______________ Would you volunteer at camp? ☐ Yes ☐ No

**Please return to Val Haga**

Fax: 651-227-5459 | Mail: 490 Concordia Ave, St. Paul, MN 55103 | Email: Val.Haga@Lung.org

# PAYMENT FORM

Camper's First Name ______________________ Last Name ______________________

☐ Male ☐ Female Date of Birth_____/ _____ / _____Age at Camp _____ Attended Camp Before? ☐ Yes ☐ No Year(s) _____

Does your child take daily medication for his/her asthma ☐ Yes ☐ No

Parent/Guardian: First Name ______ Last Name ______ Primary Phone ______

Address ______ Apt. Number ______

City ______ State ______ Zip Code ______

## Need-Based Campership Guidelines

**Full Campership:** If your child receives free lunch or is less than 133% of the poverty line shown on your 1040/1040EZ taxes form

**Pay $50:** If your child receives reduced lunch or is 150% of poverty line

**Pay $100:** If your child is 200% of poverty line

**Pay $200:** If your child is 250% of the poverty line

## PAYMENT OPTIONS:

☐ **Health Plan Coverage Numbers will be run in June; must be an active member**

- UCare Member ID #______________________
- PrimeWest Health Member ID #______________________

☐ **Need-based Financial Campership**

- Send in a letter showing free or reduced school meals, or 2018 1040/1040EZ tax form
- Include a check or credit card payment according to cost on guideline table below

☐ **Installment Plan** ($250 now and $245 by June 1, 2019)

- Enclose a check, or
- Pay by credit card below

☐ **Payment in Full** ($495)

- Enclose a check, or fill out credit card information below:

Card # ______________________

Exp. Date ______________ CVV ______

Cardholder's Signature ______________________

## 2018 Federal Poverty Guidelines

| Family Size | 100% | 138% | 150% | 200% | 250% | 300% | 400% |
|---|---|---|---|---|---|---|---|
| 1 | $12,140 | 16,753 | 18,210 | 24,280 | 30,350 | 36,420 | 48,560 |
| 2 | $16,460 | 22,715 | 24,690 | 32,920 | 41,150 | 49,380 | 65,840 |
| 3 | $20,780 | 28,676 | 31,170 | 41,560 | 51,950 | 62,340 | 83,120 |
| 4 | $25,100 | 34,638 | 37,650 | 50,200 | 62,750 | 75,300 | 100,400 |
| 5 | $29,420 | 40,600 | 44,130 | 58,840 | 73,550 | 88,260 | 117,680 |
| 6 | $33,740 | 46,561 | 50,610 | 67,480 | 84,350 | 101,220 | 134,960 |
| 7 | $38,060 | 52,523 | 57,090 | 76,120 | 95,150 | 114,180 | 152,240 |
| 8 | $42,380 | 58,484 | 63,570 | 84,760 | 105,950 | 127,140 | 169,520 |
| 9 | $46,700 | 64,446 | 70,050 | 93,400 | 116,750 | 140,100 | 186,800 |

https://familiesusa.org/product/federal-poverty-guidelines

**Turn in pages 1-9 to complete your child's registration. Acceptance letters will be sent by May 15th confirming your camper's spot and campership *(if applicable)*. If you send in your application after May 15th, you will receive a confirmation letter within a week.**

**Priority will be given to first-time campers, children on daily asthma medication, and based on the number of camperships available.**