

Staple Photo Here

Date Rec'd: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Scale: 1=Mild 2=Moderate 3=Severe

Asthma Rating \_\_\_\_\_

Social/Emotional Ranking \_\_\_\_\_

Other Notes \_\_\_\_\_

**CAMPER HEALTH FORM**

**GENERAL INFORMATION (to be completed by parents)**

Camper Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle Initial

SEX: MALE FEMALE NICKNAME \_\_\_\_\_ Age at Camp \_\_\_\_\_ Grade Entering in Fall \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Father: \_\_\_\_ Check if Primary Residence Mother: \_\_\_\_ Check if Primary Residence Guardian (s): \_\_\_\_ Check if Primary Residence

Last First Last First Last First

Address Address Address

City State Zip City State Zip City State Zip

(\_\_\_\_) Home Telephone (\_\_\_\_) Home Telephone (\_\_\_\_) Home Telephone

(\_\_\_\_) Work Telephone (\_\_\_\_) Work Telephone (\_\_\_\_) Work Telephone

(\_\_\_\_) Cell Telephone (\_\_\_\_) Cell Telephone (\_\_\_\_) Cell Telephone

Who will be the primary contact while your child is at camp? \_\_\_\_\_ Best # to call? (\_\_\_\_)

Who is (are) the legal guardians (s) for this child? \_\_\_\_\_

Are there any custody or visitation restrictions? **YES NO** If Yes, please describe \_\_\_\_\_

IF 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	01	02	03	04	05
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 four 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:	_____				
Any special concerns about your child at camp?	Yes	No	Explain:	_____				

## 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Health Care Provider and Insurance Information:

Health Care Provider: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Insurance Company \_\_\_\_\_ Member/Policy Number \_\_\_\_\_

### HISTORY OF ASTHMA

How long has your child had asthma? \_\_\_\_\_ years

Does your child have any other medical conditions? Explain: \_\_\_\_\_

### 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? \_\_\_\_\_ 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) \_\_\_\_\_

Has your child been hospitalized for any other reason? Explain: \_\_\_\_\_

## PARENT/GUARDIAN AUTHORIZATION

This health history is correct, to the best of my knowledge, and the child described has permission to engage in all prescribed camping activities, except as noted by myself and/or the attending physician. In the event that I cannot be reached in an emergency, I hereby give permissions to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child named below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT/GUARDIAN CONSENT

I/We (please print names) \_\_\_\_\_ in

Consideration of the fact that California FairPlay consents to the acceptance of my/our child, \_\_\_\_\_

\_\_\_\_\_ for Camp Kids Play, a residential camp for children with asthma, do

agree, authorize and give consent as follows:

- A. My child may participate in all camp activities (as outlines on Camp Arroyo Release Form)
- B. Camp Medical personnel may treat my child if he/she should experience an episode of asthma during camp
- C. My child may be transported to local emergency room if necessary and be treated appropriately
- D. My child may be transported from the basic camp facility for any special camp related activities

On behalf of myself, my heirs, administrators and assignees, I/We do hereby waive release and discharge forever Camp Kids Play and any and all persons, official, and organizations directly and indirectly affiliated with the camp, of and from any and all rights and demands for injuries or otherwise, which my child may incur or sustain while at, traveling to and from, or while participating in aforesaid Camp Kids Play.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PUBLICITY RELEASE

I consent to my child and/or myself being photographed for purposes of recording the camp experience, and I understand that these photographs or videos may be used for publicity, fund-raising, promoting the camp or other related purposes.

Child's Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Parent (s) or Guardian (s) Signature (s) \_\_\_\_\_

Child's T-shirt Size (adult sizes)      Small \_\_\_\_\_      Medium \_\_\_\_\_      Large \_\_\_\_\_

**Return forms to:**  
California FairPlay  
Attn: Alfred Brown, SR.  
P.O. Box 683  
Rancho Murieta, CA 95683  
(916) 492-6260

**How did you hear about the Asthma Camp?** Friend \_\_\_ Doctor \_\_\_ Nurse \_\_\_ Flyer/Poster \_\_\_  
Other \_\_\_\_\_

CONFIDENTIAL