



Staple or tape recent photo here

APPLICATION INSTRUCTIONS

1. Complete the application and return it to the address listed below.

American Lung Association of Arizona
Attn: Camp Director
102 W. McDowell Road
Phoenix, AZ 85003

2. Please do not leave any questions or sections blank.
3. Please attach a photocopy of your child's medical insurance card and immunization record with this application.
4. Please return this application by April 15th OR UNTIL CAMP IS FULL (PLEASE call the director to verify)

CAMPER APPLICATION

NAME OF CHILD _____

PREFERS TO BE CALLED _____

Birthdate _____

Sex: ___ Female ___ Male

Age At Camp _____

Present grade (or last grade) _____

Name(s) of Parents/Guardians

Father _____

Phone: Home (____) _____ Work (____) _____

Cell (____) _____

Email _____

Mother _____

Phone: Home (____) _____ Work (____) _____

Cell (____) _____

Email _____

Guardians _____

Phone: Home (____) _____ Work (____) _____

Cell (____) _____

Email _____

MAILING ADDRESS (address of the parent or guardian that the child lives with)

Street _____

City _____ County _____ State _____ Zip Code _____

School Name _____

Are parents living together? ___ Yes ___ No

Are there any custody or visitation restrictions? If so, describe:

EMERGENCY CONTACTS (this must be filled out)

IF I AM NOT AVAILABLE IN AN EMERGENCY, PLEASE NOTIFY:

I authorize the following person(s) to be contacted in an emergency, and give my permission to turn my child over to this person(s), if for any reason my child must leave camp and I cannot be reached.

Name _____ Relationship to child _____
Phone(____)_____ Cell Phone(____)_____

Name _____ Relationship to child _____
Phone(____)_____ Cell Phone(____)_____

PHYSICIAN INFORMATION

Who is your child's primary health care provider?

____ Pediatrician ____ Family Practitioner ____ Nurse Practitioner
____ Don't Know ____ Other If other: _____

Name of child's regular physician _____ Phone _____

Address: Street _____ City _____ Zip Code _____

Does your child currently see an asthma specialist? ___ Yes ___ No

If so, which type? ____ Allergist ____ Pulmonologist ____ Don't know

Name of child's asthma physician _____ Phone _____

Address: Street _____ City _____ Zip Code _____

CAMPER INFORMATION

Check One:

Has your child attended this camp before? Yes No Please circle # of years 01 02 03

Camper's T-shirt size: **Child sizes:** S M L XL **OR Adult sizes:** S M L XL

How did you hear about Camp-Not-A-Wheeze?

Media Friend Doctor/Nurse Camp Brochure Other _____

HEALTH INSURANCE INFORMATION

Name and address of Insurance Company _____

Phone Number _____ Policy Number _____ Group Number _____

If group insurance, specify company _____

Name of Parent/Guardian who insures child _____

(Please attach a copy of the front and back of your child's medical insurance card with this application.)

ASTHMA HISTORY

How long has your child had asthma? _____

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

Please list your child's known asthma triggers or things that make your child's asthma worse (*examples: exercise, colds, dust, mold, pollen, animals, smoke*) _____

Does your child use a peak flow meter to monitor his/her asthma? ___ No ___ Yes

If yes: What is his/her usual "best" peak flow rate? _____

Child's height: _____ Child's Weight: _____

Does your child have a written asthma action plan? ___ No ___ Yes

If yes: Please attach a copy with this application.

Asthma Severity:

Has your child been in an intensive care unit for asthma? ___ No ___ Yes

If yes: How many times total? _____ *Date of last episode* _____

Does your child take any of the following daily control medicines? *Check any that they take.*

Advair Symbicort Serevent Formoterol

Does your child get anti-IgE treatment (Xolair shots every few weeks) for their asthma? ___ No ___ Yes

Does your child take any of the following daily inhaled steroids? *Check any that they take*

Vanceril Beclovent Azmacort Flovent Asmanex Pulmicort

Q-Var Other: _____

Asthma Control:

Does your child take their "quick-relief" or emergency inhaler (Albuterol, Proventil, Ventolin, ProAir, Xopenex) for asthma more than 2 times a week? ___ No ___ Yes

Does your child wake at night with asthma more than 2 times a month? ___ No ___ Yes

Has your child missed more than 5 days of school in this last year because of asthma? ___ No ___ Yes

Within this past year:

◆ Has your child been taken to the Emergency Room because of asthma difficulty? ___ No ___ Yes

If yes: How many times total? _____ *Date of last visit* _____

◆ Has your child been admitted to the hospital overnight for asthma? ___ No ___ Yes

If yes: How many times total? _____ *Date of last admission* _____

◆ Has your child been given oral corticosteroids (like Prednisone, Medrol, Deltasone, Decadron, Pediapred, Prelone, Liquipred, Oralpred) to control your child's asthma? ___ No ___ Yes

If yes: How many times total? _____ *Date of last time* _____

On a scale of 0-10, how bad (severe) has your child's asthma been over the last year? *Circle one number only!*
(NO ASTHMA) 0 1 2 3 4 5 6 7 8 9 10 (SEVERE ASTHMA)

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

GENERAL MEDICAL HISTORY

Allergies:

Please check if your child has problems with any of the following. Describe usual treatment or explain further if necessary:

- animals (especially horses), insects (bees, wasps, hornets) _____
- food (list specific foods to be avoided) _____
- medications (penicillin, sulfa, aspirin) _____
- other _____

Immunizations:

You MUST include a copy of your child's immunization record to be considered for approval.

Is your child up to date on all immunizations? Yes No

If no what is missing? _____

Other Medical Problems:

Please list and describe any other medical problems your child has, is taking any treatment for, or that will help the camp staff and doctors better care for your child. Please include any behavioral health challenges your child experiences, so we may best serve them at camp.

Are there any activities your child should avoid at camp? If yes, please explain:

Does your child wet the bed? _____ (They can still attend camp, but please send extra bedding, any mattress covers used, or pullups.)

Camper's Name _____

CURRENT MEDICINES

At Camp Not-A-Wheeze, doctors are available 24 hours a day to manage your child's health. A complete list of all medicines used by your child will allow the doctors to better care for your child.

Please list all the medicines your child currently takes **EVERY DAY**, even when their asthma is under control. Also include any over-the-counter and non-asthma related medications taken regularly.

PLEASE MAKE SURE THAT THIS IS ACCURATE – WE WILL USE THIS LIST WHILE YOUR CHILD IS AT CAMP.

MEDICINE	HOW MUCH TO TAKE	WHEN TO TAKE	OTHER INSTRUCTIONS

CHECK LIST

Make sure you have enclosed the following:

- **Application filled out completely**
- **Photo of the child**
- **Copy of the Insurance Card**
- **Copy of the Immunization Record**
- **Deposit (\$50)** (If there is an issue supplying this deposit in full please contact Kelly Szymanski 602-258-7505)