

CAMPER APPLICATION PACKET



Monday- Friday
June 10-13, 2024

Rockport, Texas

DEADLINE FOR SUBMITTING ALL FORMS:

May 17th, 2024

THE IMPORTANCE OF COMPLETING ALL CAMP FORMS

Your child's health is important to us. The forms required by Camp Easy Breathers are necessary for the protection of your child. The information given on these forms must be thorough, accurate, and legible! If emergency care is required, this is the first place that the health care staff will refer to.

The following pages contain the forms that must be completed and returned to us to complete your child's camp application. Please make sure you fill out all the questions to the best of your knowledge. If you have any questions or need help filling them out, please give us a call.

All completed forms are required before we begin reviewing your child's eligibility for camp. Please refer to the **Camper Pre-Camp Guide** found on our web page before completing this packet.

Thanks again for your interest in our camp and we look forward to meeting you and your child!!

A few important points to remember:

- Pay special attention to the "Emergency Contact" information.
Remember to use area codes, which are now required to place calls.
- Don't leave any information out. This is a time when "too much information" is preferable.
- **FINALLY, MAKE SURE YOU SIGN AND DATE ALL FORMS!**

This form was designed as a fillable form. Instructions are included on the next page. You may type all your information on any computer but make sure you save all your information before you email it to us.

If you do not have access to email or a computer, or just have problems filling out the form online, you may print it, fill it out manually and send to us via fax @ (361) 808-2022.

Eligibility for selection to attend Camp Easy Breathers is conditioned upon completion of all forms, releases, and applications contained herein; maintenance and the provision of a copy of the camper's health insurance card, and compliance with any and all requirements of these documents, the policies and procedures of Camp Easy Breathers and applicable law.

Camp Easy Breathers reserves the right to verify or re-verify the accuracy and completeness of such information.

Instructions for completing a Fillable PDF form

Please review the following instructions for successfully completing a fillable PDF form:

- Use **only the latest version of Adobe Reader** to complete fillable PDF forms. Macintosh and Windows versions of the free Adobe Reader are available from Adobe at <http://get.adobe.com/reader/>.

- Before** completing the document, **save** the form (PDF format) to a location on your computer. (Example: Desktop or Documents).

- ✓ Instructions: **Right click** on the form and **click** "Save as".

- ✓ **Save** to your Desktop or Documents.

- Once you have saved the form to your computer, you are ready to complete the form.

- Open** the saved fillable form.

Fill in fields using auto-fill content. Click in a text field and start typing your response.

Hit **tab** to move from field to field. To add a checkmark, hover over the correct location in the document and click once.

- After you have completed the form, **save** a final version of the file to your computer.

- When ready, don't forget to attach the fillable form.

- Some forms have a "Submit" button built into the form which will allow you to submit the form via email directly from the form. These forms will automatically be attached to your email when you click the submit button.

- Do not complete the form online with your web browser; your data will NOT be saved. Please save it to your computer first, and then fill it out. Save your info once more before ending via email.

Attach saved form to your email. File can be emailed to the following address:

aracely.bigelow@dchstx.org



Camp Easy Breathers Health Form

A. GENERAL INFORMATION - to be completed by parents or guardians

Child's Name: _____
Prefers to be called: _____ Birth date: ___ / ___ / ___ Sex: Female Male
Age at camp _____ Present grade (or recent past grade) _____
Has your child attended Camp Easy Breathers before? Yes No If yes, how many times? ____

Name(s) of Parents (or Guardians)

Father _____
Address _____ City _____ State _____ Zip Code _____
Phone: Home (____) _____ Work (____) _____ Cell (____) _____ Email _____

Mother _____
Address _____ City _____ State _____ Zip Code _____
Phone: Home (____) _____ Work (____) _____ Cell (____) _____ Email _____

Are there any custody or visitation restrictions? Yes No

If yes, please explain: _____

IF NOT AVAILABLE IN AN EMERGENCY, PLEASE NOTIFY: (This must be filled out. Please make sure contact is available during camp week).

Name _____ Relationship to child _____ Phone (____) _____
Address _____ City _____ State _____ Zip Code _____

Name of child's physician _____ Phone (____) _____

Does your child currently see an asthma specialist? Yes No If yes, which type? Allergist Pulmonologist Don't know

Name of child's asthma physician _____ Phone (____) _____

INSURANCE INFORMATION:

(MUST PROVIDE COPY OF INSURANCE CARD):

What type of medical insurance does your child have?
___ Private Insurance ___ Medicaid ___ Other ___ None ___ Don't know

Name of Health Insurance Plan _____

Policy or Group Number _____

Does your child attend public school? Yes No

Immunizations up-to-date? Yes No

Has your child been vaccinated for Covid-19? Yes No Boosted? Yes No If boosted, date: _____

Does your child have a Texas exemption for vaccinations? Yes No

PLEASE MAKE SURE TO INCLUDE COPY OF IMMUNIZATIONS WITH YOUR APPLICATION FORMS IF YOUR CHILD DOES NOT ATTEND PUBLIC SCHOOL

B. ASTHMA MEDICATIONS

IMPORTANT INFORMATION:

Medications will be verified at camp registration by a nurse.
Please be prepared to bring them all with you.

WE CANNOT ACCEPT EXPIRED MEDICATIONS. ALL MEDICATIONS MUST ALSO HAVE ENOUGH DOSES TO LAST THROUGHOUT THE ENTIRE CAMP WEEK.

CHECK DATE OF EXPIRATION ON ALL MEDICATIONS AND DOSAGE REQUIREMENTS BEFORE CHILD IS REGISTERED.

**PLEASE INCLUDE A COPY OF YOUR MOST RECENT ASTHMA ACTION PLAN
& ANAPHYLAXIS EMERGENCY ACTION PLAN**

SECTION 1

ASTHMA INHALERS

List your child's controller/preventive medication(s) that are prescribed to be used every day.

List only **INHALED MEDICATIONS**.

My child takes the following **CONTROLLER/PREVENTIVE** medications:

CONTROLLER MEDICATIONS					
Medication (Brand or Generic Name)	Amount given (# of puffs)	How often is it given? Use a checkmark (✓)			
		Once a day			Twice a day

Specific instructions on above medications: (Take in am, pm, etc.)

How often does your child actually take them? _____ % of time.

Does your child take the above medications only when having asthma symptoms? Yes No

List your child's rescue/quick-relief medications.

These are usually prescribed to be used only as needed for asthma symptoms or before exercise.

List only **INHALED MEDICATIONS**.

My child takes the following **RESCUE/QUICK RELIEF** medications:

RESCUE MEDICATIONS					
Medication (Brand or Generic Name)	Amount given (# of puffs)	How often is it given?			
		Times/Per day			Taken only as needed for cough, wheezing, or shortness of breath

Use checkmark if taken only as needed

Does your child need to take rescue/quick-relief inhalers before vigorous exercising? Yes No

Specific instructions on above medications:

Does your child use a spacer with his/her inhalers? Yes No

Which brand name of spacer? _____ (Aerochamber, Optichamber, Vortex, etc.)

C. OTHER MEDICATIONS

Has your child been prescribed an Epi pen for allergic reactions? Yes No

What is the brand name of the Epi pen? _____

Does your child take it everywhere he/she goes? Yes No

PLEASE INCLUDE A COPY OF YOUR MOST RECENT ANAPHYLAXIS EMERGENCY ACTION PLAN

Is your child currently on allergy shots? Yes No

****NOTE:** No allergy shots will be given at camp.

List all other medications that your child takes. Include medications not related to asthma and list the reason for taking.

OTHER MEDICATIONS					
Medication (Brand or Generic Name)	Strength/ Dosage	Amount given (tablet, capsule, tsp, ml, cc, etc.)	Indication (Reason for taking)	How often?	Specific Instructions
EXAMPLE: Claritin	10 mg	1 tablet	Seasonal Allergies	Once a day	Give before bedtime

Additional Specific Instructions:

D. HISTORY OF ALLERGIES

PLEASE INCLUDE A COPY OF YOUR MOST RECENT ANAPHYLAXIS EMERGENCY ACTION PLAN

Is your child allergic to any MEDICATIONS? (Penicillin, sulfa, etc.)? Yes No

If yes, please list:

Medication Name	Reactions* <i>(be specific with the symptoms, how severe, when they start, etc.)</i>	Age of Last Reaction

Is our child allergic to any FOODS? Yes No

If yes, please list:

Food Name	Reactions* <i>(be specific with the symptoms, how severe, when they start, etc.)</i>	Age of Last Reaction

Is our child allergic to any ANIMALS? Yes No

If yes, please list:

Animal	Reactions* <i>(be specific with the symptoms, how severe, when they start, etc.)</i>	Age of Last Reaction

Is our child allergic to any INSECTS? Yes No

If yes, please list:

Insect	Reactions* <i>(be specific with the symptoms, how severe, when they start, etc.)</i>	Age of Last Reaction

**Reactions include:*

Severe total body reaction (anaphylaxis); shock; skin problems (hives, redness, blistering, itchy skin, swelling); breathing problems (wheeze, cough, chest tightness); mouth problems (swollen lips, rash, tongue swelling, itchy); throat problems (swollen, itchy, scratchy); eye problems (swollen, itchy, watery); nose problems (itchy, runny, stuffy, sneezing); intestinal problems (abdominal pain, vomiting, diarrhea); behavior/sleep problems (stimulation, hyper, strange behavior, sleepiness, trouble sleeping)

Was emergency treatment needed for any of the reactions listed above (e.g. 911, ER visit, Urgent Care, EpiPen?)? Yes No

If so, explain:

E. OTHER INFORMATION

In order to provide the **SAFEST** and **BEST** experience for ALL campers, we ask some very confidential questions. This information is shared only with the **immediate** caregivers at Camp Easy Breathers. This information is necessary to ensure that the camp experience is a good choice for your child and to determine whether our staff is well equipped to care for our very special campers!

Specifically, does your child have any of the following?

- | | | | | | | | | | |
|----------------------------|--------------------------|-----|--------------------------|----|--------------------------------|--------------------------|-----|--------------------------|----|
| Heart Disease? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Learning Disability | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Diabetes? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Autism? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Seizures/Convulsions? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Asperger's syndrome? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Kidney Disease? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | ADD/ADHD? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Syncope/Fainting spells? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Bipolar Disorder? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Sleep Disorders? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Oppositional Defiant Disorder? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Bedwetting? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Schizophrenia? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Gastrointestinal problems? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Eating Disorders? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Other medical problems? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Depression? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | | | | | Self- Harm? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | | | | | Drug or substance abuse? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | | | | | Verbal or physical aggression? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | | | | | Other Mental Disorder? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Comments/Notes: _____

Is your child able to function at his/her age level? Yes No

Does your child interact well with children close to his/her age? Yes No

If you answered no, please explain:

Has your child ever run away from home? From school? Yes No If yes, please describe:

What have been the most effective interventions when your child has behavior issues?

Are there any other medical or behavior problems or conditions, not listed above, that the camp should know about?
Please explain:

Does your child need help in using the bathroom or bathing? Yes No

Is there anything else you feel camp staff should know about your child? Yes No

How did you hear about Camp Easy Breathers? Please check one:

- | | |
|---|--|
| <input type="checkbox"/> Healthcare Provider's Office | <input type="checkbox"/> Health Insurance Plan |
| <input type="checkbox"/> School Nurse | <input type="checkbox"/> Internet/Web Site |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Brochure/Poster |
| | <input type="checkbox"/> Previous camper or camp staff |

F. HISTORY OF ASTHMA

1) How long has your child had asthma? _____ years

2) Hospitalizations:

A) Has your child been admitted to the hospital for asthma? Yes No How many times total? _____

How old was he or she each time? _____

B) Has your child ever been in an intensive care unit for asthma? Yes No How many times total? _____

How old was he or she each time? _____

C) Has your child ever had to have a breathing tube placed or been on a ventilator (breathing machine) due to asthma?

Yes No How many times total? _____ How old was he or she each time? _____

3) Within this past year only, how many times has your child been: (list number of times)

A) Taken to the emergency room or urgent care clinic because of asthma? _____ times

B) Admitted to the hospital for asthma? _____ times

C) Absent from school because of asthma? _____ days

D) Taken to the doctor's office because of difficulty with his or her asthma? Do not include routine office visits:

_____ times

E) In an intensive care unit for asthma? Yes No How many times total? _____

4) How many times (in the past year only) have oral steroids been used for the control of your child's asthma? _____

(Note: Oral steroids include : Prednisone, Medrol, Deltasone, Decadron and others LIQUIDS: PediaPred, Prelone, LiquidPred, OraPred, BubblyPred and others.)

A) Date of most recent steroids prescription? _____

5) Who is responsible for giving your child's asthma medication at home?

_____ Child _____ Parent _____ Both

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

7) Does your child feel embarrassed at school or in public if he/she has to take an inhaler or a nebulizer treatment?

Yes No

8) Do you anticipate any activity restrictions? Yes No

If so, explain: _____

10) Are there any present or recent physical education restrictions at school? Yes No

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

G. CAMPER CARE INFORMATION

Please answer all questions and provide as much information as possible so that we can best care for your child while at camp.

What is your child's t-shirt size?

- YOUTH ADULT SMALL MED LG XLG

Shoe size? _____

Has your child ever slept overnight away from family? Yes No

If no, please describe _____

What is your child looking forward to the most at Camp Easy Breathers? _____

What are your child's favorite activities? _____

Are there any dietary restrictions other than food allergies? Vegetarian, Vegan, Special Diet, etc. _____

Does your child have any special needs, comfort items or rituals? Please describe _____

Any activities your child should **NOT** participate in? _____

Does your child have any bedtime/sleep habits (sleepwalking, bedwetting)? Yes No
Please describe: _____

Are there any recent stressful events that your child has experienced that we should know about? _____

Does your child have any serious fears? _____

Is there anything else that we need to know to provide your child a safe and enjoyable week?

Parent/Guardian Printed Name: _____ **Date** _____

Signature of Parent/Guardian: _____