Camp Easy Breathers 2025 Application

Driscoll Children's Hospital

Camp Easy Breathers 2025 Application

Deadline for Submitting All Forms: May 16, 2025

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!

We will need the following forms with your application:

- Current asthma action plan
- Anaphylaxis Emergency Action Plan (if your child has been prescribed an Epi pen)
- Copy of camper's insurance
- Copy of immunizations (only if child is not attending public school)

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 at 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 check mark, 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 aracely.bigelow@dchstx.org

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Camp Application

GENERAL INFORMATION

Child's Name: _____ Prefer 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? _____

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number (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: _____

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: _____

MEDICAL INFORMATION

Does your child have any of the following? (check all that apply)

☐ ADD/ADHD
☐ Asperger's Syndrome
☐ Autism
☐ Bedwetting
☐ Bipolar Disorder
☐ Depression
☐ Diabetes
☐ Drug or Substance Abuse
☐ Eating Disorders
☐ Gastrointestinal Problems
☐ Heart Disease
☐ Kidney Disease
☐ Learning Disability
☐ Oppositional Defiant Disorder
☐ Schizophrenia
☐ Seizures/Convulsions
☐ Self-Harm
☐ Sleep Disorders
☐ Syncope/Fainting spells
☐ Verbal or physical aggression

☐ Other: _____

Is your child able to function at his/her age level? ☐ Yes ☐ No Does your child need help in using the bathroom or bathing? ☐ Yes ☐ No

Does your child interact well with children close to his/her age? ☐ Yes ☐ No If no, explain: _____

_____

Has your child ever run away from home? From school? ☐ Yes ☐ No If yes, explain: _____

_____

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? ☐ Yes ☐ No

Please explain: _____

Is there anything else you feel camp staff should know about your child? ☐ Yes ☐ No If yes, explain: _____

_____

CONTROLLER ASTHMA MEDICATIONS (LIST ONLY INHALED MEDICATIONS)

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

My child takes the following CONTROLLER/PREVENTIVE medications (Advair, Asmanex, Flovent, QVar, Symbicort)

Medication (Brand or Generic Name)	Amount Given (# of Puffs)	How Often?
		☐ Once a day ☐ Twice a day
		☐ Once a day ☐ Twice a day
		☐ Once a day ☐ Twice a day
		☐ Once a day ☐ Twice a day
		☐ Once a day ☐ Twice a day
		☐ Once a day ☐ Twice a day

Specific instructions on above mediations (take in AM, PM, etc.): _____

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

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

RESCUE ASTHMA MEDICATIONS (LIST ONLY INHALED MEDICATIONS)

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

My child takes the following RESCUE/QUICK RELIEF medications (Albuterol, Proventil, Ventolin)

Medication (Brand or Generic Name)	Amount Given (# of Puffs)	How Often?	Cough, Wheezing, Shortness of Breath, etc.
		_____ Times or Puffs/Day	☐ Taken as needed
		_____ Times or Puffs/Day	☐ Taken as needed
		_____ Times or Puffs/Day	☐ Taken as needed
		_____ Times or Puffs/Day	☐ Taken as needed
		_____ Times or Puffs/Day	☐ Taken as needed
		_____ Times or Puffs/Day	☐ Taken as needed

Does your child need to take rescue/quick-relief inhalers before vigorous exercising? ☐ Yes ☐ No If yes, explain: _____

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

If yes, what is the brand of the spacer? (Aerochamber, Optichamber, Vortex, etc.) _____

OTHER MEDICATIONS

NOTE: Due to limited camp staff, we will not administer any allergy shots during camp week.

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

Medication (Brand or Generic Name)	Strength/ Dosage	Amount Given (tablet, tsp, ml,cc)	Indication (reason for taking)	How Often?	Specific Instructions
Ex: Claritin	*10 mg*	*1 tablet*	*Seasonal allergies*	*Once a day*	*Give before bedtime*

Additional Specific Instructions: _____

ALLERGIES

Has your child been prescribed an Epi pen for allergic reactions? ☐ Yes ☐ No Does your child take it everywhere he/she goes? ☐ Yes ☐ No

What is the brand name of the Epi pen? _____

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

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

Medication	Describe Reaction	Life Threatening
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

Age of Last Reaction: _____

Is your child allergic to any ANIMALS? ☐ Yes ☐ No

Animal	Describe Reaction	Life Threatening
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

Age of Last Reaction: _____

Is your child allergic to any INSECTS? ☐ Yes ☐ No

Insect	Describe Reaction	Life Threatening
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

Age of Last Reaction: _____

Is your child allergic to any OTHER ALLERGIES? ☐ Yes ☐ No

Allergen	Describe Reaction	Life Threatening
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

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)

The Eight Major Allergens Include: Milk, Eggs, Peanuts, Tree Nuts, Wheat, Soybeans, Fish, and Shellfish. These allergens are to blame for 90% of allergic reactions to food, may be severe, and may cause food anaphylaxis in some individuals. Camp Aranzazu does not serve any type of shellfish/seafood. Food intolerances such as lactose intolerance and gluten intolerance/sensitivity (Celiac Disease) are not allergies but individuals may have special dietary needs associated with these conditions. Please note that if any foods are listed below as allergies, your child will not be served/allowed any of the listed items.

Is your child allergic to any FOODS? ☐ Yes ☐ No *NOTE: If you list a food as an allergy, the items below will NOT be served to your child at camp.*

Food	Describe Reaction	Life Threatening
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

Age of Last Reaction: _____

Special diet requests are for food allergies, religious restrictions, and other health-related needs. While camp will do their best to accommodate food preferences, we may not be able to honor every request. Please speak to camp staff if you feel your child may have difficulties with food served at camp. Vegetarian alternatives are available at each meal.

Please list any dietary restrictions other than food allergies, please list "lactose intolerance" before vegetarian, vegan, etc.: _____

ASTHMA HISTORY

How long has your child had asthma? _____ years Has your child been admitted to the hospital for asthma? ☐ Yes ☐ No

How many times total? _____ How old was he or she each time? _____

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

How old was he/she each time? _____

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? _____

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

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

Admitted to the hospital for asthma? _____ Absent from school because of asthma? _____

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

Within the past year only, how many times have oral steroids been used for the control of your child's asthma? (Prednisone, Medrol, Deltasone, Decadron & others LIQUIDS: Pediapred, Prelone, Liquidpred, OraPred, BubblyPred, etc.): _____ Date of last steroid dose? _____

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

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

Does your child feel embarrassed at school or in public if he/she has to take an inhaler or a nebulizer treatment? ☐ Yes ☐ No

Do you anticipate any activity restrictions? ☐ Yes ☐ No If so, explain: _____

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

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

CAMPER CARE INFORMATION

Camper t-shirt size? ☐ Youth ☐ Adult | ☐ Small ☐ Medium ☐ Large ☐ XL ☐ XXL

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 you child's favorite activities? _____

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

Any activities your child should NOT participate in? If so, please explain: _____

Does your child have any bedtime/sleep habits? (sleepwalking, bedwetting) ☐ Yes ☐ No

Has your child ever experienced motion sickness? If so, 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? _____

_____

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

How did you hear about Camp Easy Breathers? ☐ Brochure/Poster ☐ Friend ☐ Health Insurance Plan ☐ Other Healthcare Provider

☐ Previous Camper ☐ Pulmonology Clinic/ PFT Lab ☐ School Nurse ☐ Other: _____

_____ _____

Parent/Guardian Printed Name Date

_____

Signature of Parent/Guardian

CAMP STAFF ONLY

Date of Registration: _____

Height (in): _____

Weight (lbs): _____

Camper Picture
(Headshot Only)