

2008 SUMMER ASTHMA FORM — ROCKY RIVER RANCH

We want your daughter to receive appropriate health care and support for her asthma while attending our program. Please complete this in consultation with your physician and return it to the address found at the end of this form. Contact Shanna Watson at 1-800-863-2267 with any questions. Please attach additional information as needed, including physician medication orders or greater detail about your daughter's asthma history.

About Rocky River Ranch...

1. Rocky River Ranch has a variety of activities that take place outdoors. Your daughter will be exposed to trees, grasses, dust pollens, molds, insect bites, and a host of other environmental factors.
2. While we have a nurse visit the campsite daily, she may not always be in residence. At a minimum, an American Red Cross First responder is always available.
3. All campers have access to a local physician and clinic should the need arise. The hospital is 17 miles away from the campsite and our local EMS is within 5 minutes of our site.
4. Rocky River stocks injectable epinephrine for emergency use. There is no supporting oxygen available on site.
5. Staff are told that children with asthma are capable self-managers and that these campers know when to use medication or amend activity to complement their health status.

* ABOUT TRIGGERS...

 Please print legibly on all forms. 

What triggers your child's asthma?

- Exercise
- Fatigue
- Dehydration
- Stress
- Food Item
- Animal(s) (eg. horses, cats...)
- Smoke
- Allergen _____
- Respiratory infections/common cold
- Other _____

Please provide details about the triggers, including things which staff should be told.

SESSION (please circle)

1 2 3 4 5 6

CAMPER'S NAME _____

*** ABOUT MEDICATIONS**

Medications are supervised by Rocky River's healthcare team and kept in the Health Care Center. Medications are usually dispensed at mealtime and brought to the dining room so your daughter doesn't have to interrupt her activity to go get them. While we'd like to use mealtime as much as possible to give routine medications, we can arrange a different time if needed (eg. midmorning, mid-afternoon).

These medications are used daily to manage your daughter's asthma.

Name of Medication	Dose Given	When	Reason for Using this Med

These medications are taken "as needed" to prevent an asthma flare.

Name of Medication	Dose Given	When	Reason for Using this Med

These medications are used when this child's asthma flares.

Name of Medication	Dose Given	When	Reason for Using this Med

*** NEBULIZER TREATMENT AND USE**

Please print legibly on all forms.

Will this child bring a nebulizer to Rocky River? Yes No

IF YES ... We expect your daughter to know when she needs a nebulizer treatment and how to use the machine.

What medication is used via nebulizer? _____

Nebulizers are not supplied by Rocky River; if your daughter may need a nebulizer, please bring it with you and give it to the nurse during check in.

*** WHEN WE HAVE QUESTIONS, WHO SHOULD BE CONTACT?**

Name _____ Phone _____

Name _____ Phone _____

*** AT WHAT POINT SHOULD WE NOTIFY YOU ABOUT AN ASTHMA FLARE?**

*** AT WHAT POINT SHOULD YOUR DAUGHTER BE TAKEN TO A PHYSICIAN OR HOSPITAL?**

SIGNATURE OF CUSTODIAL PARENT/GUARDIAN

DATE

RELATIONSHIP TO CAMPER

Please return to: Rocky River Ranch • P.O. Box 109 • Wimberley, Texas 78676