

We want your child to receive appropriate care and support for his/her asthma while attending our program. Contact Health Services, at (517) 536-8607 with questions or concerns. Please attach additional information as needed, including physician medication orders or greater detail about your child's asthma history.

About The YMCA Storer Outdoor School...

1. The program takes place in the outdoors. Your student will be exposed to trees, grasses, dust, pollens, molds, insect bites and a host of other environmental factors.
2. We recommend that students who use an "as needed" inhaler carry the inhaler with them (on their person). Please mark with the child's full name and school.
3. The closest hospital is Foote Hospital in Jackson, approximately 20 minutes away.
4. If you have questions about the menu during your child's stay, please contact our Food Services at 517-536-8607.
5. Staff is told that children with asthma are capable self-managers and that these students know when to use their medication or amend activity to compliment their health status.

❖ **ABOUT TRIGGERS...**

What triggers your child's asthma?

- Exercise
- Fatigue
- Dehydration
- Stress
- Food Item
- Smoke
- Allergen _____
- Respiratory infections/common cold
- Other _____

Provide details about the triggers, including things which cabin and activity counselors should be told.

❖ **USING A PEAK FLOW METER...**

If you use a peak flow meter to monitor your child's status and note signs of a potential flare up, please have your child bring his/her peak flow meter.

When does this child take peak flow readings?

- Breakfast
- Lunch
- Supper
- Bedtime
- Other: _____

"Personal Best" peak flow reading for this child (green range): _____

Caution range (yellow): _____

What should be done if this child's peak flow reading drops to the caution/yellow range?

Danger range (red zone): _____

What should be done if this child's peak flow reading drops to the danger/red zone?

Medications are supervised by the Camp Health Officers and kept in the health center with the exception of rescue inhalers that must be carried by the student. Medications are usually dispensed at mealtimes and before bedtime. While we'd like to use mealtime as much as possible to give routine medications, we can arrange a different time if needed (e.g. mid-morning), mid-afternoon).

These Medications are Used Daily to Manage this Child'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 to be Given	At What Point Should this be Used?	What Effect Should be Expected & How Quickly?

❖ **NEBULIZER TREATMENT & USE**

Will this child bring a nebulizer to the camp? YES NO

IF YES.... We expect the child know when s/he needs a nebulizer treatment and how to use the machine.

What medication is used via nebulizer? _____

Nebulizers are kept in the camp health center and available when needed by the student.

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

Name: _____ Phone: _____

Name: _____ Phone: _____

❖ **AT WHAT POINT SHOULD WE NOTIFY YOU (Parent, Guardian) ABOUT AN ASTHMA FLARE?**

❖ **AT WHAT POINT SHOULD THIS CHILD BE TAKEN TO A PHYSICIAN OR HOSPITAL?**

Attach this completed form to your child's Health Form!

Your Signature: _____

Date: _____ Relationship to Student: _____

Your child will continue self-care for his/her diabetes while attending our program. Our Health Center staff, while not diabetes educators nor specialists in diabetes care, would like to partner with you insofar as supportive care is concerned. They will rely on this form's information to direct that support.

We recommend that you complete this form in consultation with your diabetes educator. If you have questions or concerns, please call Health Services by dialing 517-536-8607 during business hours. Attach additional information as needed, including physician medication orders or greater detail about your child's diabetes history.

Things to consider about The YMCA Storer Camp program....

1. Because the program takes place in the outdoors, your student may be more physically active than at home.
2. Students do their own diabetes care while with us. We ask that supplies (insulin, syringes, glucometer, etc) be kept in the camp Health Center where a sharps container is also available.
3. The closest hospital is Foote Hospital in Jackson, approximately 20 minutes away.
4. Sometimes our meal times may vary due to activities, students with diabetes should be capable of adapting to changes in meal time.
5. If you have questions about the menu during your child's stay, please contact our food services at 517-536-8607. If your child requires special snacks you may send them and we will be keep them in our health centers for the child's convenience.
6. Staff are told that students with diabetes know how to take care of themselves. We will brief cabin and activity staff about your child's diabetes, especially the signs that indicate low blood sugar level.

❖ ABOUT YOUR CHILD'S ROUTINE CARE FOR HIS/HER DIABETES...

When does your child check blood sugar (BS)? _____

What is your child's usual range of BS readings? _____

When does your child inject insulin? What type is used and how many units? (Please include your child's sliding scale if appropriate.)

In addition to meals, describe your child's pattern for snacks (time, what is eaten, etc.).

If a question about diabetes management comes up, who should we call and at what number?

❖ ABOUT LOW BLOOD SUGAR REACTIONS...

If your child's BS would get low, what signs or behaviors would our staff expect to see?

If your child's BS gets low, what should we do?

Are there particular stressors that tend to drop your child's BS? What are they?

When was your child's last low blood sugar reaction? How often does your child have low blood sugar reactions?

No

Yes, and here's what happened.

❖ **ABOUT YOUR CHILD'S INSULIN PUMP...**

How long has your child had an insulin pump? _____ Not Applicable

Is your child familiar with all the functions of their particular pump?
(history, basal adjustment, etc.) Yes No

Is your child familiar with managing pump malfunctions? Yes No

Is your child familiar with changing sites and/or replacing tubing? Yes No

Is your child familiar with counting carbs and how to adjust their bolus?
(at mealtimes and evening snack) Yes No

If you have answered NO to any of the above insulin pump questions, please provide us with information on who will assist your child while at camp.

❖ **ADDITIONAL INFORMATION...**

If your child's blood sugar is running high, what signs or behaviors would our staff note and what would you like us to do?

What type of notification and how soon do you want it to occur if your child has a reaction? Provide appropriate phone/fax numbers. If you are not at home, should we leave a message on your answering machine? Yes No

Name of your Diabetes Care Provider: _____ Phone() _____
What else would you like to tell us about your child's diabetic management plan?

❖ **Today's Date:** _____

Signature of Person Providing This Information: _____

Relationship to Camper: _____

**Attach this completed
form to your child's
Health Form!**

**ANAPHYLAXIS
Individual Emergency Action Plan**

Individuals with multiple anaphylactic responses should complete one form for each allergen.

Name of Child _____

Date of Birth: _____
Month Day Year

This child responds with anaphylaxis from _____

School: _____

**About the Signs/Symptoms
Experienced by this Person**

Emergency Action Plan

Please note that The YMCA Storer Outdoor School is at
least
20 minutes from definitive care.

Check those that apply to this child's anaphylaxis response. It is assumed that the severity of these symptoms can change quickly; some can potentially progress to a life-threatening situation.

- Itching of the lips, tongue and/or mouth.
- Swelling of the lips, tongue and/or mouth.
- Itching and/or sense of tightness in the throat.
- Hoarseness.
- Hacking cough; repetitive cough and/or wheezing.
- Swelling about the face.
- Hives; an itchy rash.
- Nausea, abdominal cramping, vomiting and/or diarrhea.
- Shortness of breath.
- "Thready" pulse; increased heart rate.
- "Passing out," fainting.

Regarding an EpiPen®

Our expectation is that the child will bring at least one EpiPen®, carry that device on their person during their stay, and know how to use the EpiPen®.

Has this child ever administered the EpiPen® to themselves?..... Yes
 No

Our staff will help a child administer their EpiPen® if need arises.

Recognizing a Reaction

It is our expectation that this child will tell a staff member if s/he suspects s/he is having a reaction.

Parents: please instruct your child to do this.

History

Does this child also have asthma?..... Yes
 No

Can this child recognize when s/he is experiencing signs/symptoms of anaphylaxis?..... Yes
 No

When did this child last experience an anaphylactic response?

Date: _____

Describe what happened and how the person responded: _____

Treating a Suspected Exposure

If an exposure is suspected, but no signs or symptoms of anaphylaxis are present, we will monitor the child for 20 minutes and take no further action unless signs/symptoms appear.

Treating an Anaphylactic Response

1. Assuming a patent airway, give 50mg diphenhydramine (e.g. Benedryl) by mouth. Remove child from contact with allergen if possible.
2. Inject 0.3 cc epinephrine stat; repeat dose as needed.
3. Call an ambulance; tell the ambulance crew that this is an anaphylaxis situation.
4. Contact parents per directions on child's health form.

If you physician wants a different protocol followed, have your physician legibly write that protocol on the back of this form followed by his/her signature and date.

**ATTACH THIS COMPLETED
FORM TO YOUR CHILD'S
HEALTH FORM**

Signature of Custodial Parent
Or Legal
Guardian: _____

Printed Name: _____

Date Signed: _____

**Questions? Please Call: The YMCA Storer Outdoor
School Health Services at:
(517) 536-8607**

