



December 12, 2007

Dear Parents/Guardians,

Thank you for expressing an interest in *Camp Not-A Choo, Yuma Asthma Camp*. Enclosed are the necessary applications and other pertinent information.

The dates for *Camp Not-A Choo, 2008* are *Friday March 28 & Saturday March 29*. This year's camp will be held at *Britain's Farm*. We look forward to a great camp experience!

Following the instructions in this letter will help ensure that your child has the best possible chance of acceptance to *Camp Not-A-Choo*.

1) **CAMP APPLICATION** – This form is the key to your child's registration and is our primary resource to provide the best care for your child at camp. Please include as much detail as possible.

Camper Health form - Pages 1 through 4 should be completed by the camper's parent/guardian.

Parent's Authorization form - Page 5 must be completed and signed for the application to be considered.

Camper Code of Conduct form - Page 6 should be completed and signed by the camper's parent/guardian and by the camper.

Camper Scholarship Application - Should be completed and signed by the camper's parent/guardian if you are requesting a scholarship for your child.

Supplemental Insurance Information – For parent/guardian review and information.

2) **CAMPER SELECTION PROCESS** - Our goal is to provide a full camp experience for children who may be unable to attend a mainstream camp because of their asthma. Therefore, children whose asthma is mild may be turned down in favor of a child whose asthma is more severe. All applications will be carefully considered. No applicant will be denied due to race, religion, gender or ethnic background.

CAMPER SELECTION PROCESS (continued) –

All applications will be held until the deadline of **January 31, 2008**. After this date, the *Camp Not-A-Choo* medical staff will review all of the completed applications and a determination of your child's eligibility will be made. You should receive via phone on **February 15, 2008**. Please indicate the best phone number and time to call you _____

Phone

Time

- 3) **COST OF CAMP AND FINANCIAL ASSISTANCE** – The cost for *Camp Not-A-Choo* for the current year is \$75.00. No applicant will be turned down strictly due to an inability to pay all or part of the camp fee. If you need financial assistance, please complete the SCHOLARSHIP FORM and submit it along with your completed application. When the medical staff has reviewed your camp application and qualified your child for camp, the registration staff will contact you regarding the availability and amount of financial assistance.

THINGS TO REMEMBER

The application deadline is **January 31, 2008**, please drop off, mail or Fax your application to:
Regional Center for Border Health, Inc., 214 W. Main Street; P.O. Box 617, Somerton, AZ 85350. Fax (928) 627-8773

For questions you can contact:

Frances Herrera at Regional Center for Border Health, Inc.

at (928) 627-9222.

You will be notified by February 15, 2008 about your child's status for camp

We are glad you and your child are interested in asthma camp. If you have any questions about the forms or camp in general, please call the registration coordinator listed above. We look forward a great time at camp!

Camp Not-A-Choo

Brought to you by Steps to a HealthierAZ, WAHEC & Partners

Regional Center for Border Health, Inc., University of Arizona Cooperative Extension, Yuma County Health Public Services District, Yuma Regional Medical Center, Campesinos Sin Fronteras, & Arizona Department of Environmental Quality



MISSION STATEMENT OF CAMP NOT-A-CHOO

The purpose of Camp Not-A-Choo is to provide a camp experience opportunity to Yuma County children who have asthma. The children who will be provided the Camp Not-A-Choo experience are those, who otherwise may not have such an opportunity due to asthma. Specifically such children would be denied from mainstream camps because of the chronic disease and/or have a history with an inability to control asthmatic symptoms.

VISION STATEMENT CAMP NOT-A-CHOO

Steps to a Healthier Arizona Initiative envisions Camp Not-A-Choo as a resource that will give Yuma County children with asthma the opportunity to participate in a Camp setting. Camp Not-A-Choo will assist children in learning ways to manage asthma symptoms so he/she can enjoy life. In addition, Camp Not-A-Choo will give parents the ability and pride to send his/her child to a camp with the confidence that his/her child will be well supported physically, medically and emotionally.

OBJECTIVES OF CAMP NOT-A-CHOO

1. Provide an enjoyable and safe camp experience for children with asthma, ages 8-11.
2. Provide asthma education for children.
3. Promote improved self-care, self-image and independence for children with asthma.
4. Facilitate future camp experience in a regular non-specialty camp.

Camp Not-A-Choo
Brought to you by



STAPLE PHOTO
HERE

NOT REQUIRED

CAMPER HEALTH FORM

Scale 1-Mild, 2= Moderate, 3=Severe

Asthma Ranking: _____
Social/Emotional Ranking _____
Other/Notes _____

DATE REC'D _____

GENERAL INFORMATION (to be completed by parents)

Camper Name _____ Birthdate _____
Last First Middle Initial

Sex: Male Female Nickname _____ Age at Camp _____ Grade Entering Fall _____
School _____

Camper T-Shirt Size: S M L Camper Bed Size: Twin Full Queen King
(Kid's Size) (For Dust Mite Cover)

GENERAL INFORMATION (to be completed by parents)

Father: Check if Primary Residence **Mother:** Check if Primary Residence **Guardian(s):** Check if Primary Residence

Last First Last First Last First

Address Address Address

City State Zip City State Zip City State Zip

Home Telephone Home Telephone Home Telephone

Work Telephone Work Telephone Work Telephone

Who will be the primary contact while your child is at camp? _____ Best # to Call _____

Who is (are) the legal guardian(s) for this child? _____

Are there any custody or visitation restrictions? **Yes No** If yes, please describe _____

If not available in an emergency, please notify (this must be filled out)

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

CAMPER INFORMATION

Has your child:

Attended this camp before? **YES NO** Please State Years Attended _____

Attended other asthma camps? **YES NO** Name and Location _____

Camped with Family or others? **YES NO** Explain _____

Ever been away from home and parents for five days or more? **YES NO** Explain _____

Suffered from homesickness? **YES NO** Explain _____

Been placed on any activity restrictions? **YES NO** Explain _____

Had any recent changes in their family **YES NO** Explain _____

HEALTHCARE PROVIDER INFORMATION

Please indicate all healthcare providers your child presently sees:

Pediatrics/General	_____	Phone _____
	Name	
Allergist	_____	Phone _____
	Name	
Pulmonologist	_____	Phone _____
	Name	
Other	_____	Phone _____
	Name	

Do you have insurance for your child? Yes No

Name of Insurance Plan _____

Policy/Group# _____ Member #/ID# _____

CAMPER HEALTH HISTORY (To be completed by camper's parent)

Most recent

Immunization dates: DT ___/___/___ MMR ___/___/___ Hepatitis B ___/___/___ Chicken Pox ___/___/___

Does your child have any of the following health concerns?

Heart Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fainting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sleepwalking	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bedwetting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hyperactivity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Discipline Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Constipation	<input type="checkbox"/> Yes <input type="checkbox"/> No	ADD/OCD	<input type="checkbox"/> Yes <input type="checkbox"/> No
Convulsive Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	Learning Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	_____

If you answered yes to any of the above, please explain: _____

Are there any present physical education restrictions at school? Yes No Explain: _____

Are there other medical conditions, other than asthma and allergies, for which your child is being treated for followed by a health care provider? Yes No If yes, please explain: _____

Who is responsible for giving your child asthma medication at home? Child Parent Other _____

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

Does your child have a written asthma action plan? Yes No If yes, please attach.

What brand of peak flow meter? _____ Do they use it regularly? Yes No

On a scale of 0 to 10, how would you rank your child's asthma? (Circle only one number!)

(NO ASTHMA) 0 1 2 3 4 5 6 7 8 9 10 (SEVERE ASTHMA)

ALL MEDICATIONS
Please include asthma and non-asthma medication
 (To be completed by parent/guardian)

DRUG NAME (Indicate it is an inhaler, nebulizer or pill)	STRENGTH	DOSAGE	FREQUENCY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HISTORY OF ASTHMA

How long has your child had asthma? _____ years

WITHIN THE PAST 3 MONTHS, (on average):

How many nights per week does your child wake up because of asthma or coughing? Nights per week _____

How much does your child's asthma interfere with exercise? **None** **Some** **A lot**

How many days per week does your child need to use their reliever (rescue inhaler)? Days per week _____

WITHIN THE PAST YEAR ONLY, how many times has your child:

Been home from school because of asthma? Number of days _____

Went to the doctor's office because of difficulty with his/her asthma? Number of times _____

Been to the emergency room or urgent care clinic because of asthma? Number of times _____

Been on oral corticosteroids (e.g. prednisone, Prelone, Pediapred) How many times _____ Most recent date _____

WITHIN THE PAST 5 YEARS, has your child been:

Admitted to the hospital for asthma? **Yes** **No** How many times? _____ Age (most recent)? _____

In an intensive care unit for asthma? **Yes** **No** How many times? _____ Age (most recent)? _____

Intubated for asthma? **Yes** **No** How many times? _____ Age (most recent)? _____

ALLERGY INFORMATION

Is your child allergic to any:

MEDICATION (penicillin, sulfa, etc.)? Yes No

Medication Name	Reaction (be specific)	Reaction	Age of last
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FOODS? Yes No

Food	Reaction (be specific)	Reaction	Age of last
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ANIMALS or INSECTS? Yes No

Animal or Insect	Reaction (be specific)	Reaction	Age of last
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BEHAVIORAL HISTORY

Our goal is to assist all campers in having a safe and positive camp experience. Personal information is as important as medical information in meeting this goal. All information will be kept confidential with your camper's healthcare team.

Does your child have any behavioral issues at school and/or camp (if applicable) we should be aware of? _____

What methods have worked to positively redirect your child at home or school? _____

Is your child self-conscious about his/her asthma (e.g. using an inhaler in public)? _____

CAMPER'S COMMITMENT

I want to help make camp a fun experience. I agree to follow camp rules. I will do my best to make this a good experience for my fellow campers and myself. I understand that if I do not live up to this promise, I may be sent home from camp (without a refund).

Camper's Signature

Date

Parent's/Guardian's Signature

Date

PARENT'S AUTHORIZATION

Date Rec'd _____

PARTICIPATION AND EMERGENCY TREATMENT WAIVER

In consideration for being allowed to register and participate in *Camp Not-A- Choo*, held *March 28 & 29, 2008*, sponsored by *Regional Center for Border Health, Inc.*, as parent/guardian I hereby release Regional Center for Border Health, Inc. and its Board of Directors, San Luis Walk-In Clinic, Inc. and its board of Directors from any liability for injuries which are sustained during the camp, **including any necessary transportation**. The child herein described has permission to engage in all scheduled activities except as noted by the physician or parent/guardian. I hereby give permission to the camp physician to initiate and provide any necessary treatments, including transporting to the nearest certified emergency facility. If hospitalization is required, the child is to be referred to an appropriate physician and all treatments will be at my expense.

PHOTOGRAPHY, VIDEO AND PROMOTIONAL RELEASE

I do hereby acknowledge and authorize *Camp Not- A-Choo* and Regional Center for Border Health, Inc. to take and use photographs, video and written comments of or by my child for promotional and informational materials. Further, I agree to release and discharge *Regional Center for Border Health, Inc.* and its sponsors from any and all liability in connection with the use of such photographs, videos and written comments of or by my child.

RELEASE FOR
TRANSPORT HOME

At the conclusion of camp, the Camp Staff may release my child to myself or to the individual(s) designated below. Under no circumstances will your child be released to anyone not specified by you. Picture ID may be required.

Name _____ Relationship to child _____
Phone () _____
Please Print _____
Work Phone () _____ / / _____
Signature of Parent or Guardian _____ Date _____

AUTHORIZATION TO RELEASE MEDICAL DATA

I do hereby authorize *Camp Not-A-Choo* and *Regional Center for Border Health, Inc.* to release medical data for the purpose of compiling and assessing national asthma medical information. I understand that all data will be analyzed in aggregate form protecting the confidentiality of my child.

Name _____ Relationship to child _____ Phone () _____
Please Print _____
Signature of Parent or Guardian _____ / / _____ Work Phone () _____
Date _____

HOW DID YOU HEAR ABOUT ASTHMA CAMP?

Please circle one:

- Healthcare Provider’s Office
- Social Worker
- Promotora/Health educator
- School Nurse
- Friend
- Other _____

CAMPER CODE OF CONDUCT

(Please review with your child)

It is our hope that everyone that participates in our program will have a positive experience that will last a lifetime. To help everyone get the most out of their camp experience, we have set up a list of ground rules to help parents and children understand what we expect at camp. We recognize the special needs of our campers and will as much as possible; individualize the rules according to the needs and abilities of each camper.

Camp has four basic rules that we explain to the children and also post in the cabins. We have these rules so that everyone can be assured of a positive experience.

- **Respect yourself, others and property.** This means abusiveness toward others or using inappropriate language, fighting, stealing, etc. It also covers property damage, graffiti or vandalism. Respect yourself, refers to keeping your things picked up, personal hygiene and taking your medication on time.
- **Participate in camp activities.** It is camp's responsibility to know where all the campers are at all times. We ask campers to be at all activities unless excused by staff. Campers cannot be left alone in their cabin.
- **Follow directions.** There are a lot of fun things to do at camp but every activity has rules so we can operate the activity safely and appropriately. We ask the campers to follow staff direction during these activities.
- **No put-downs.** Examples of this would include teasing, name-calling, racial slurs or inappropriate practical jokes.

If we do have a problem with inappropriate behavior, we have a camper behavior response policy. The counselor will start by giving the child a warning, then a time-out with an explanation and discussion on what is causing the problem. If the counselor needs help, a behavioral specialist or the designated healthcare team supervisor on site will work with the child to help avoid further problems. We will also call home to find out if the parents have any suggestions on ways to deter the inappropriate behavior. As a last resort, we may need to send a child home. Sometimes in the case of severe homesickness or if misbehavior could cause immediate harm to themselves or others, we reserve the right to immediately ask that the child be removed from camp.

It is our hope that each child will go home with great memories of camp. These rules are designed to protect the camper's experience so that one unruly child won't ruin the experience for the rest. If you have any questions or comments, please feel free to call. It is our mission to provide a quality experience for everyone.

I understand and accept that my child must abide by the Camper Code of Conduct

Parent's Signature

I agree to abide by the Camper Code of Conduct _____

Camper's Signature

Date



SCHOLARSHIP APPLICATION

Camp registration fee is \$75.00 and payable during camp orientation night. Please complete the following to request a scholarship. No child will be turned away from participating in camp due to scholarship request or family income.

I am requesting a **partial scholarship** for my child to attend Camp Not-A-Choo. I can pay (Circle the amount, \$5 minimum required from parent)

\$5 \$10 \$15 \$20 \$25 \$30 \$35 \$40 \$45 \$50 \$55

Your Name _____

Address _____

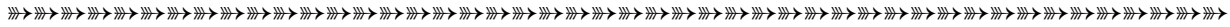
City _____ State _____ Zip _____

PH: _____ (Home) _____ (Work-if we can call you at work)

Child's Name _____

Signature

Date



*You will be notified on February 15 if your child has received a scholarship.
Please let us know what time _____ and what phone number _____ is best to contact you on February 15.*

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