



**Camp Pendola Health Service:**  
**Request for information about your child's**  
**asthma**

<b>Name of Child:</b> _____ <b>Camp Session:</b> _____
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We want your child to receive appropriate care and support for his/her asthma while attending our program. Please complete this in consultation with your physician and return it to the address at the end of this form. Contact the director, Lori Rosene, at 916-PEN-DOLA with questions of concerns. Please attach additional information as needed, including physician medication orders or greater detail about your child's asthma history.

**About Camp Pendola:**

1. The program takes place outdoors. Your child will be exposed to trees, grasses, dust, pollens, molds, insect bites and a host of other environmental factors.
2. We recommend that the youth who use as needed inhaler carry the inhaler with them (on their person). Expect the Pendola staff to place his/her initials on the inhaler(s). This is a visual cue to our staff that your medication needs to be with you.
3. Staff is trained, at minimum, in first aid and CPR.
4. The youth will have access to a physician, clinic and hospital services in a local community nearby; however, at most sites it should take at least 30 minutes to transport someone from the village to the next level of health care. In some cases, it may take longer.
5. Staff is told that children with asthma are capable self-managers and that these villagers 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 \_\_\_\_\_

<p><b>Provide details about the triggers, including this which trip counselors and staff should be told...</b></p> <hr/> <hr/> <hr/> <hr/>
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• **USING A PEAK FLOW METER...**

We recommend using a peak flow meter to monitor your child's status and note signs of a potential flare before it is well established. 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 is (green range): \_\_\_\_\_

Caution range (yellow): \_\_\_\_\_  
 What should be done if this child's peak flow reading drops to the cautionary/yellow range?  
 \_\_\_\_\_  
 \_\_\_\_\_

Danger range (red zone): \_\_\_\_\_  
 What should be done if this child's peak flow readings drop to the danger/red zone?  
 \_\_\_\_\_  
 \_\_\_\_\_

- ABOUT MEDICATIONS...**

Medications are supervised by the Pendola health care team and kept accessible with the exception of inhalers that must be carried by the person. Medications are usually dispensed at mealtime and brought to your child so he/she does not have to interrupt his/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 (e.g. mid-morning, mid-afternoon).

**These Medications are Used to Manage this Child's Asthma**

Name of Medication	Dose Given	When	Reason for Using Med.

**These Medications are Taken "As Needed" to Prevent an Asthma Flare**

Name of Medication	Dose Given	When	Reason for Using Med.

**These Medications are Used When this Child's Asthma Flares**

Name of Medication	Dose Given	At what point should this be used?	What Effect Should be Expected?

- NEBULIZER TREATMENT AND USE**

Will this child bring a nebulizer to Pendola?..... Yes \_\_\_\_\_ No \_\_\_\_\_

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

What medication is used via the nebulizer? \_\_\_\_\_

**Nebulizers are kept nearby and available when needed by the child.**

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

- AT WHAT POINT SHOULD WE NOTIFY YOU (PARENT/GAURDIAN) ABOUT AN ASTHMA FLARE?**

\_\_\_\_\_

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

\_\_\_\_\_

**Please return to:  
Pendola Center  
2110 Broadway  
Sacramento, CA 95819**

**Parent/Guardian signature:**

**Date:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_