



# 2011

Helping Kids Take Control of Their Asthma...

## **Camp Superstuff Registration Packet**

1469 Park Ave., San Jose, CA 95126  
Phone: (408) 998-5865  
Fax: (408) 998-0578  
[www.lungsrus.org](http://www.lungsrus.org)

### **Sponsors & Partners:**

Valley Health Plan  
Santa Clara Family Health Plan  
Anthem Blue Cross  
City of San Jose



Dear Parents:

Welcome to Breathe California's Camp Superstuff 2011! We — the staff and volunteers — are committed to continuing the tradition of excellence that has brought us national recognition for asthma and allergies programs and services. When you enroll in Camp Superstuff, you enroll in a community program that puts your child's asthma education first. Camp Superstuff is designed for asthmatic children ages 6 to 12 and utilizes trained staff that teaches important techniques on how to manage asthma and allergies, which includes:

- Understanding different aspects of asthma management
- Recognizing asthma/allergy triggers, and warning signs of asthma attacks
- Knowing how/when to take medications
- Learning how to stay active with asthma and allergies

In addition to offering a supportive educational environment, Camp Superstuff provides campers with the opportunity to take part in traditional camp activities. Throughout the week, your child will enjoy a variety of field trips, games, arts and crafts, songs and more!

**WHEN:** Monday, August 8, 2011 – Friday, August 12, 2011  
9:00 am – 5:00 pm

**WHERE:** **Mayfair Community Center**  
**2039 Kammerer Avenue**  
**San Jose, CA 95116**

**COST:** \$120 on or before July 15, 2011  
\$150 after July 15, 2011  
(Deadline to apply: Friday, August 5, 2011)

**SPONSORS:** FREE to Blue Cross State Sponsored Business members, Santa Clara Family Health Plan members and Valley Health Plan members

Mandatory Parent Orientation: Friday, August 5, 2011 at 1469 Park Ave. San Jose, CA 95126. You are encouraged to bring your future camper(s). Please bring your completed application along with camper insurance information to the orientation meeting.

For more information, please contact Dennis Acha at (408) 998-5865 or e-mail at [dennis@lungsrus.org](mailto:dennis@lungsrus.org). You may also visit our website at [www.lungsrus.org](http://www.lungsrus.org) for further camp updates. Space is limited - sign up early!

Sincerely,

Dennis Acha  
Camp Superstuff Coordinator

**TO BE COMPLETED BY CAMPER'S PARENT OR GUARDIAN  
 AND SIGNED BY CAMPER'S DOCTOR**
**PLEASE PRINT CLEARLY**
**CAMPER INFORMATION**

Name:		Date of Birth:		Age:
Sex:	Height:      ft.      inches	Weight (in pounds):	Grade in the Fall:	
Immunizations up-to-date?:    Yes      No		Date of most recent Tetanus booster:		

**PARENT INFORMATION**

Name:		
Home Phone: (      )	Work Phone: (      )	Mobile Phone: (      )
Home Address:	City:	Zip Code:
E-mail:		
How did you hear about camp?		

**EMERGENCY CONTACT INFORMATION  
 (Other than you)**

Name:	Relationship:	Phone: (      )
Name:	Relationship:	Phone: (      )

**CHILD'S T-SHIRT SIZE  
 (Check one box)**

6-8 (Small):	10 (Medium):	12 (Large):	Adult Small:	Adult Medium:
Adult Large:	Adult X-Large:	Other, please indicate:		

**PHYSICIAN/INSURANCE INFORMATION**

Name of Child's Primary Physician:		Phone: (      )	
Address:	City:	State:	Zip Code:
Name of Child's "Asthma" Physician:		Phone: (      )	
Address:	City:	State:	Zip Code:
Name of Health Insurance Plan:		Policy or Group #:	

**ALLERGIES**

Is your child allergic to any medications?	Yes	No
If yes, please list:		
Describe reaction:		
Is your child allergic to any foods?:	Yes	No
If yes, please list:		
Describe reaction:		

### MEDICATIONS

The following medications are to be given every day at camp. PLEASE PRINT CLEARLY.

Medication Name:	Dosage/Amount:	Number of Times Given:
1.		
2.		

The following medications are to be given for BAD ASTHMA EPISODES. PLEASE PRINT CLEARLY.

Medication Name:	Dosage/Amount:	Number of Times Given:
1.		
2.		

### ASTHMA HISTORY

In the past year, how many times did your child need to: (write the number of times)

- |                                                       |                   |
|-------------------------------------------------------|-------------------|
| 1. Stay home from school because of asthma?           | # of times: _____ |
| 2. Be taken to the doctor's office because of asthma? | # of times: _____ |
| 3. Be taken to the emergency room because of asthma?  | # of times: _____ |
| 4. Be hospitalized because of asthma?                 | # of times: _____ |

Has your child ever been in an intensive care unit for asthma?    Yes    No    If yes, most recent date: \_\_\_\_\_

On a scale from 1 - 5, how bad is your child's asthma? (circle one)    (Not bad asthma)    1    2    3    4    5    (Bad Asthma)

How many nights during the week (Sun. through Sat.) does your child wake up because of asthma or coughing? \_\_\_\_\_

Who is responsible for giving your child asthma medication at home?

Parent                  Child                  Other: \_\_\_\_\_

Describe any observed emotional effects related to your child's asthma:

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

### TO BE COMPLETED BY CAMPER'S DOCTOR

May this child participate without restriction in a camp program designed for children and adolescents who have asthma?

Yes                  No                  If no, please explain: \_\_\_\_\_

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities, except as noted above.

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
Medical Practice

\_\_\_\_\_  
Physician Name (Print)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date of Examination:

### ADDITIONAL CAMPER INFORMATION

Your son/daughter is in for a healthy, fun, and meaningful experience at Camp Superstuff. The following information will assist the staff in making this the best camp for each camper. Please be as specific as possible.

BEHAVIORAL/MEDICAL CONDITIONS	
Are there any behavioral or medical problems camp staff should know of? (Hyperactivity, attention deficit disorder, etc.)	
Yes	No
If yes, please explain:	

FAMILY			
Child lives with: both parents      one parent: Mother ____ Father ____      Other: _____			
Siblings: # of brother(s):	Age of brother(s):	# of sister(s):	Age of sister(s):
Anyone else?			

ASTHMA EDUCATION	
Has your child attended classes or educational programs about asthma?      Yes      No	
If so, when?:	Where?:

PREVIOUS CAMP EXPERIENCES	
Has your child attended a camp before?      Yes      No	
If yes, what was his/her overall camp experience? (Likes, dislikes, indifferent)	

PERSONALITY TRAITS					
Does your child have any fears of particular things or situations?      Yes      No					
If yes, then please explain:					
Which of the following personality characteristics best describe your child? (Check all that apply)					
Tense Placid Nervous	Shy Confident Withdrawn	Dependent Generous Cooperative	Excitable Follower Aggressive	Selfish Antagonistic Moody	Leader Resourceful Happy
Please give any additional information that will help the camp leader work more effectively with your child.					

**PARENT'S AUTHORIZATION FORM**

In order for children to participate in activities at Camp Superstuff, a parent or guardian is required to complete and sign the application and release form.

**PHOTOGRAPH AND INTERVIEW RELEASE**

In order to make Camp Superstuff the best that it can be and to obtain financial and volunteer support, it is necessary to promote Camp Superstuff with photographs and quotes from campers through print and broadcast media and businesses. We ask that you sign this waiver on behalf of your child, giving Breathe California permission to use photographs of and interviews with your child for promotional purposes.

**WAIVER OF CLAIM**

The health history is correct, insofar as I know, and the person described has permission to engage in all prescribed camp activities, except as noted by the examining physician and myself. Each participant who engages in any camp activity expressly assumes the risk of engaging in and the legal responsibility for injury, loss or damage to person or property resulting from the risk of camp activities. I acknowledge and understand that participation in these activities involve the inherent risk of physical injury. I, as a parent/guardian of a participant, understand my child/ward will be participating in activities that involve swimming and playing sports, etc. I understand that my child/ward will not be forced to do any activity and that despite all reasonable precautions taken; a guarantee of absolute safety is impossible. I and my child/ward agree to exercise good personal judgment and to ask for help if we are concerned about personal safety and to be responsible for deciding if a proposed activity is appropriate for myself/him/her. I and/or my child/ward agree to inform the instructors of any physical, mental or medical condition that might affect his/her ability to participate or affect other members of my group. I and/or my child/ward also realize that failure to provide/disclose that information could result in serious harm to him/her or others. I and/or my child/ward agree to comply with safety instructions given and to be responsible for his/her own personal safety and well-being. I agree to hold Breathe California, Camp Superstuff, its Directors, Officers, Employees, Agents and/or Associates harmless for any accidents, injury, loss of or damage to property that may occur. I understand that all possible precautions are taken to insure that mature and qualified personnel conduct all programs and activities in a safe and responsible manner.

In the event of an emergency, I understand every attempt will be made to contact the parent/guardian. In the event that the parent/guardian cannot be reached, I give permission to Camp Superstuff to secure proper medical treatment. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child named on application. I understand that any medical expense not covered by Camp Superstuff's medical insurance will be billed directly to me or to my insurance company.

I, \_\_\_\_\_, have read and understand this waiver and agree to abide by these terms and hereby release, indemnify and hold harmless Camp Superstuff, Breathe California and/or volunteers from and against any and all claims, losses, suits, damages, or costs (including attorney fees) arising out of, resulting from or relating to my minor child/ward's participation in camp activities. I am aware this is a waiver and a release of liability and I sign it voluntarily.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(Optional) I would like to donate \$ \_\_\_\_\_ for scholarship for an underprivileged camper to attend camp this year.

<b>SEND APPLICATION WITH PAYMENT TO:</b>	<b>PAYMENT INFO:</b>	<b>QUESTIONS/COMMENTS:</b>
<p><b>Breathe California</b> <b>Attn: Dennis Acha</b> <b>Camp Superstuff 2011</b> <b>1469 Park Avenue</b> <b>San Jose, CA 95126</b></p>	<p><b>Make checks payable to:</b> Breathe California</p> <p><b>If paying by Visa/MasterCard:</b> Call Breathe California at (408) 998-5865</p>	<p><b>Breathe California of the Bay Area</b> <b>Phone: (408) 998-5865</b> <b>E-mail: dennis@lungsrus.org</b></p>