Girl Scouts

Girl Scouts Heart of the Hudson, Inc.
www.girlscoutshh.org

Girl Scout Camp Asthma Form

Name: _____ **Date of Birth:** _____

About Triggers

What triggers your asthma? Provide details about the triggers, including things the staff should be told.

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

Using a Peak Flow Meter

We recommend using a peak flow meter as a way to monitor your asthma and note signs of a potential flare before it is well established. ***Please bring your peak flow meter to camp.***

When do you take peak flow readings?

☐ Breakfast ☐ Lunch ☐ Supper ☐ Bedtime ☐ Other _____

Routine peak flow reading (green zone) _____

Caution range (yellow zone) _____

What is done if the peak flow reading drops to the caution/yellow range? _____

_____

Danger range (red zone) _____

What is done if peak flow reading drops to the danger/red zone? _____

_____

Nebulizer Treatment and Use

Will you bring a nebulizer to camp? ☐ Yes ☐ No
If yes, do you know when you need you nebulizer? ☐ Yes ☐ No
What medication is used via nebulizer? _____

Administration of Medication

The administration of the medications may be supervised by the Camp Director or Unit Leader if the Health Supervisor is unavailable: ☐ Yes ☐ No

About Medications

These medications are used daily to manage asthma.

Medication Name	Dose Given	When	Reason for Using this Medication

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

Medication Name	Dose Given	When	Reason for Using this Medication

These medications are used when asthma flares.

Medication Name	Dose Given	When	Reason for Using this Medication

Emergency medications must be portable! Nebulizers that require electricity are not practical for many camp trips. Call the Camp Health Director if you have any questions.

Signed: _____ Date: _____
(Parent / Guardian)

Signed: _____ Date: _____
(Physician)

Physician’s Stamp

THIS FORM MAY BE SUBSTITUTED FOR THE MEDICATION FORM FOR ASTHMA MEDICATIONS. A Medication Form must be completed for all medications a camper needs to be given (including vitamins, salves, ointments, drops, etc.)