

2018

Helping Kids Take Control of Their Asthma...

Camp Superstuff Physician's Form

1469 Park Ave., San Jose, CA 95126 Phone: (408) 998-5865

Fax: (408) 998-0578 www.breathebayarea.org

Dear Physicians:

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, July 23th, 2018 – Friday, July 27th 2018

9:00 am - 4:00 pm

WHERE: Mayfair Community Center

2039 Kammerer Avenue San Jose, CA 95116

COST: \$150

(Deadline to apply: Saturday, July 1st, 2018)

Instructions for registration:

Please email the completed enrollment form including doctor's signature and scanned copy of your child's insurance card to **Shaaban Ghaus** at shaaban@lungsrus.org. Alternatively, you can send the form along with a copy of your child's insurance card to Breathe California, 1469 Park Ave, San Jose, CA 95126 or bring a printed copy to our office during business hours.

<u>Mandatory Parent Orientation:</u> Wednesday, July 11th, 2018, 6:00 pm – 8:00 pm at Camp Superstuff site i.e. **Mayfair Community Center, 2039 Kammerer Ave, San Jose, CA 95116.** Please have **only one representative** from your family attend the orientation.

For more information, please contact Shaaban Ghaus at (408) 998-5865 or e-mail at shaaban@lungsrus.org. You may also visit our website at www.breathebayarea.org for further camp updates. Space is limited - sign up early!

Sincerely,

Shaaban Ghaus

Camp Superstuff Manager

TO BE COMPLETED BY CAMPER'S DOCTOR/PARA SER RELLENADO POR EL DOCTOR DEL NIÑO/A

Child's Name:	Me	Medical Record #:					
May this child participate without restriction in a summer camp program designed for children and adolescents who have asthma?							
Yes No If no, plea	No If no, please explain:						
Note: Discounity down this action to account in fau actions							
Note: Please write down this patient's prescription for asthma. MEDICATIONS/ MEDICAMENTOS							
The following preventative medications are to be given every day at camp. PLEASE PRINT CLEARLY.							
Los siguientes medicamentos se administrarán todos los días del campamento. POR FAVOR ESCRIBA CLARAMENTE.							
Medication Name/Nombre de medicamento:	Dosage/Amount/Dosis/Cantidad:			Number of Times Given/Número de veces administrado:			
1. 2.							
3.							
The following Emergency Medications are to be given for BAD ASTHMA EPISODES. PLEASE PRINT CLEARLY .							
Los siguientes medicamentos se administrarán solo para episodios fuertes de asma . Medication Name/Nombre de Rossa (Assault Paris (Cartidada Number of Times Given/Número de							
Medication Name/Nombre de medicamento:	Dosage/An	nount/Dosi	s/Cantidad:		imes Given/Ni ces administra		
1.							
2.							
3.							
On a scale from 1-5, how bad is this child's asthma? (Circle one) En una escala de 1 a 5 ¿En qué estado se encuentra el asma de su hijo/a? (marque uno)							
(Not bad asthma/ El asma está bien)	1 2 3	4 5	(bad asthma/El a	asma está muy i	mal)		
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:		-					

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