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Lubbock, TX 79410
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Lubbock, TX 79424
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Reserve The Date
for
THE ZONE
ASTHMA CAMP
July 11, 2019

Parents, please note there are two sections of the application for “**The Zone**” Asthma Camp. The **first** section is for you and your provider to complete. Please return completed forms to our office at either of the above addresses. The **second** section is for you to keep titled **Parent Letter and Parent Checklist**. Return your application early because we fill up quickly and don’t want your child to miss out on a fun filled day of activities. We look forward to having your child in camp as we learn more about asthma!



Please note, there is a \$5.00 non-refundable registration fee for camp per family.

THE ZONE

ASTHMA CAMP

SCHOLARSHIP FORMS

To: Medical Care Providers of children with asthma

From: Dr. Suzanne Beck, Dr. Amanda Lewis, Dr. James Tarbox, Dr. Robert Mamlok, Dr. Eileen Talusan-Garcia, Dr. Adaobi Kanu, MD, Dr. Goutom Shome, , Georgeanna Welch RN, FNP-BC, Heather Morris RN, FNP-C, Jessica Hernandez RN, FNP-C, Covenant Health System (CHS), Texas Tech University Health Sciences Center (TTUHSC), and University Medical Center (UMC)

Camp date: July 11, 2019

Dear Provider:

Please find attached a scholarship application for a deserving child or children to attend the “**The Zone**” Asthma Camp! Please feel free to make copies. We ask that an application be completed for each child. “**The Zone**” is for children ages 7-11 who suffer from asthma. Our trained medical staff will provide campers with a safe summer experience. This camp is created to teach children how to manage their asthma and enjoy a normal lifestyle. We welcome your attendance at the camp and any volunteers you would like to send from your office.

Attached you will find an application for “**The Zone.**” This year, “**The Zone**” will be held at Adventures USA (3305 116th St.) on Thursday, July 11, 2019 from 8:00 a.m. to 5:00 p.m. The asthma camp will be able to accommodate 60 campers. The camp is financially supported by UMC, CHS, Allergy & Asthma Clinic of West Texas, pharmaceutical companies, and respiratory supply companies. When making your selection on which child or children you would like to send to camp, please keep in mind that we would like to take children who need camp to enhance their self-esteem and improve their disease management skills. There will be a \$5.00 non-refundable registration fee per family. Fee must be paid in CASH with application form.



THE ZONE

Asthma Camp

Provider - Please complete this form

How would you classify child's asthma? (Circle One)

Mild Intermittent

Mild Persistent

Moderate Persistent

Severe Persistent

Drug/Food Allergies:

Current Medications:

Please list the medications this child currently takes *every day*, even when their asthma is under control. Also, include all over-the-counter and non-asthma related prescription medications taken on a daily basis. **Please make sure this list is accurate – we will use this medication schedule while this child is at camp.**

<u>DRUG</u>	<u>DOSAGE</u>	<u>SCHEDULE</u>	<u>COMMENTS</u>

Please list those medications normally added to this child's medication routine when/if asthma worsens (i.e. Prednisone, etc...)

<u>DRUG</u>	<u>DOSAGE</u>	<u>SCHEDULE</u>	<u>COMMENTS</u>

I have reviewed the records of the person herein described, and it is of my opinion that he/she is physically able to engage in camping activities, except as noted below.

(Signature of Provider) (Date)

(Printed Name of Provider) (Camper's Name)

Restrictions:

THE ZONE
ASTHMA CAMP

Parent - Please complete this form

Camper's Name:

(First) (Middle) (Last)

Date of Birth: _____ *Age of Child as of July 11, 2019: _____

Please Circle: Male/Female Height: _____ Weight: _____

T-shirt Size:(Please Circle) Youth Small Youth Medium Youth Large

Adult Small Adult Medium Adult Large

Mailing Address:

(Street) (City) (State) (Zip)

Parent/Guardian Name:

(First) (Middle) (Last)

Primary Contact Phone #: _____ Secondary Contact Phone #: _____

Emergency Contact Person:

(Name) (Phone Number) (Relationship to Child)

Medical Health Insurance Name and Policy #:

Drug Allergies/Food Allergies:

Preferred Hospital:

Primary Care Physician Name:

Is your child able to swim: (Circle one) Yes No

Do you give permission for your child to swim? (Circle one) Yes No

***If your child has food allergies, please pack their own lunch and snacks.**

***They MUST bring their EpiPen* (or similar device)**

Known Peak Flow Zones:

Max – Yellow- Green – Red-

The ZONE

Asthma Camp

AUTHORIZATION FOR RELEASE OF INFORMATION AND TREATMENT

I hereby give my consent for any necessary medications, such as those mentioned in the health history, to be administered by the medical staff. I also consent to any medical treatment of an emergency nature being given by the provider in charge, if I cannot be contacted in what the provider may consider a reasonable time.

In consideration for allowing my child to participate in “**The Zone**” Asthma Camp, I hereby release UMC/UMC Foundation, CHS, camp sponsors, their incorporators, board members, employees, agents, independent contractors and volunteer/contract workers from any liability for injuries, emergencies, or other problems occurring during “**The Zone**” Asthma Camp.

Finally, I agree to allow my child to be included in all activities unless otherwise specified and to be photographed or videotaped for the purpose of recording the camp experience. I understand these photographs or tapes may be used for publicity, fund raising or other purposes by the sponsoring organizations.

Print Patient's Name

Signature of Parent/Guardian



THE ZONE
ASTHMA CAMP
Parent Letter

To: Parents of Campers

Date: July 11, 2019

Congratulations!!

Your child has been selected to attend the 2019 **"The Zone"** Asthma Camp! The camp will be held at Adventures USA (3305 116th St.) on Thursday, July 11, 2019 from 8:00 am to 5:00 pm. **"The Zone"** was created to teach children how to manage their asthma. They will also enjoy a fun day of activities together with other children who have asthma.

"The Zone" will offer various fun and learning activities. Some of the activities may include: swimming, skating and running. Trained medical staff are available, but please indicate on the form if you do not want your child to participate in any of these events.

"The Zone" will provide breakfast, lunch, and several snacks for the campers. Please indicate if your child has any food allergies. If alternative food is necessary, please provide it in a box lunch.

In order to facilitate the application process, Heather Morris RN, FNP-C or Georgeanna Welch RN, FNP-BC will work with you and return the registration form for your child. If you have any questions regarding **"The Zone"** or the application process, please do not hesitate to contact Heather Morris RN, FNP-C, Georgeanna Welch RN, FNP-BC, Jessica Hernandez RN, FNP-C, Suzanne Beck, MD, or Amanda Lewis, MD, at 806-799-4192.

We are generally able to let you know at the time of enrollment, if camper openings are available; however, if the camp is filled, we will notify you per phone and place your child on the wait list. We will also provide a reminder one week before camp of the date and time for campers who are confirmed.

If your plans change and your child cannot attend, please let us know immediately. Other children will be on the wait list that can attend the camp.

PLEASE KEEP THE PARENT LETTER INFORMATION AND CHECK LIST FORMS.

THE ZONE

ASTHMA CAMP

PARENT CHECKLIST

Dear Parent/Guardian,

The parent's checklist is for you to keep and to assist with organization for the day of camp. We look forward to having your child in camp!

1. _____ Swim Suit (wear underneath clothes)
2. _____ Sunscreen (You may want to put it on prior to arrival)
3. _____ Towel and an extra set of dry clothes.
4. _____ All asthma and allergy medications in a zip-lock bag with child's name on the bag
5. _____ Socks (for skating)
6. _____ If your child has food allergies please pack their own snacks and lunch.
[Please advise staff as well on the application form and at time of check in of camp. Make sure to bring their EpiPen* (or similar device) and Benadryl.]

Adventures USA
3305 116th St.
Lubbock, TX 79423
(806) 745-3600



Revised 02/28/19