

Reviewed by camp staff
(initial): _____ date: _____

Asthma Action Plan for Camp Bennett Health Services

If the participant has been diagnosed with asthma and is under the age of 18, this form must be completed and signed by both the physician and the parent or legal guardian.

Name: _____ DOB: _____

Check Asthma Severity:

- Mild Intermittent Mild Persistent
 Moderate Persistent Severe Persistent

Personal Best Peak Flow: _____
Personal Peak Flow range
RED means Danger Zone!
 Get help from a doctor. _____ -- _____
YELLOW means Caution Zone
 Add prescribed yellow medicine. _____ -- _____
GREEN means Go Zone!
 Use preventive medicine. _____ -- _____

*****Peak flow meters are mandatory for asthma conditions, unless otherwise ordered by the doctor.*****

GO (Green) ----- Use these medications every day.

All of the following must be present:

- Breathing is good.
- No cough or wheeze.
- Sleep through the night.
- Can work and play.

Medicine/Dosage	How much to take	When to take it
<i>For exercise, take:</i>		

CAUTION (Yellow) ----- Continue with Green zone medicine and add:

If any of these are present:

- First sign of a cold.
- Exposure to a known trigger.
- Cough.
- Mild wheeze.
- Tight chest.
- Cough at night.

If Yellow zone meds are used more than 2-3 times in a week, call the doctor.

Medicine/Dosage	How much to take	When to take it
Comments:		

DANGER (Red) ----- Administer these medicines and call the doctor.

Asthma is getting worse fast:

- Medicine is not helping within 15-20 mins.
- Difficulty breathing.
- Nose opens wide.
- Ribs show.
- Lips/nails blue.
- Trouble walking/talking.

*If doctor can not be reached, go directly to the emergency room. **Do Not Wait!***

Medicine/Dosage	How much to take	When to take it
Comments:		

Trigger List:

- Chalk Dust
- Cigarette smoke
- Colds/Flu
- Dust
- Dust mites
- Stuffed animals
- Carpet
- Exercise
- Mold
- Ozone alert days
- Pests
- Pets
- Plants, flowers, cut grass, pollen
- Strong odors, perfume, cleaning products
- Sudden temperature change
- Wood smoke
- Foods:

Other: _____

Doctor's Signature _____ Date _____

Doctor's Stamp

I understand that any child with a chronic health condition is more at risk in a new environment to have changes in their health status. I have been informed that the camp health center is a basic first aid station and NOT equipped for medical emergencies of a catastrophic nature. I know my child has a pre-existing condition and I will fully accept any financial responsibility incurred as a result of a decision by the staff of Camp Bennett to seek outside medical attention. I agree to allow my child to attend camp with the knowledge I have of my child's condition and the camp setting. I further understand that non-compliance with Doctor's orders and/or camp policies will result in my child's dismissal from camp without refund.

Parent/guardian signature: _____ Date: _____