

Happy Hollow Asthma Camp Asthma Symptom Information

In addition to the regular Happy Hollow Camp Application and Health Form, please complete this information as well. It will allow our medical staff to understand your child's asthma.

1. Does your child try and hide their asthma attacks and/ or deny symptoms?
_____ Always _____ Sometimes _____ Never

2. Does your child spend nights with friends, grandparents or other relatives?
_____ Yes _____ No

3. Does your child have a fear of particular situation? _____ Yes _____ No
If yes, please explain:

4. Asthma History

- How long has your child had asthma? _____ years
- Do you think your child's asthma is well controlled? _____ Yes _____ No
Explain, if yes: _____

- **WITH IN THE LAST 3 MONTHS (ON THE AVERAGE):**
 - A. How many times a week does your child wake up wheezing/ coughing? _____ nights/ week
 - B. How many days per week does your child use their reliever (rescue) inhaler? _____ days/ week
 - C. How much does your child's asthma interfere with exercise? **NONE SOME A LOT**

- **WITHIN THE PAST YEAR**
 - A. How many days of school has your child missed due to asthma? _____ Days
 - B. Went to their doctor's office because of asthma? _____ Times
 - C. Been to the emergency room or urgent care center because of asthma? _____ Times
 - D. Benn on oral steroids (Prednisone, Prelone, Prediapred) because of asthma? _____ Times

- **WITHIN THE LAST 5 YEARS**
 - A. Admitted to the hospital for asthma? Yes No How many times? _____ Most Recent _____
 - B. In an intensive care for asthma? Yes No How many times? _____ Most Recent _____
 - C. Incubated for asthma? Yes No How many times? _____ Most Recent _____

AUTHORIZATION TO REALEASE MEDICAL DATA

I do hereby release Happy Hollow Children's Camp to release medical data for the purpose of compiling and assessing national asthma medical information. I understand that all data will be analyzed in aggregate form protecting the confidentiality of my child.

Name: _____ relationship to child _____ Date: _____

Signature _____ Phone: _____ Work Phone: _____