

Ogichi Daa Kwe, LLC

**REQUEST FOR ADDITIONAL INFORMATION  
ABOUT YOUR CHILD’S ASTHMA**

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____ DOB: _____

We want your daughter to receive appropriate care and support for her asthma while attending our program. Please complete this in consultation with your physician and return it to the address at the end of the form. Contact us at (218) 286-2064 after June 1, with questions or concerns. Please attach additional information as needed, including physician medication orders or greater detail about your daughter’s asthma history.

**About Camp Ogichi Daa Kwe**

1. The program takes place in the outdoors. Your daughter will be exposed to trees, grasses, dust, pollens, molds, insect bites and a host of other environmental factors.
2. We recommend that campers who use an “as needed” inhaler carry the inhaler with them (on their person), and bring an extra inhaler to store in the health center in case of loss (trips, sailing).
3. While on trips, a person trained in Wilderness First Aid, and CPR is available.
4. While in-camp, campers have access to a physician, clinic and hospital services in International Falls. It takes 30 minutes to transport someone from the island or 10 minutes from the mainland to the next level of health care. In some cases, it may take longer.
5. The Health Center stocks injectable epinephrine (e.g. EpiPen, AnaKit) for emergency use. There is supporting oxygen available and Albuterol inhalers.
6. Staff are told that campers with asthma are capable self-managers and that these campers know when to use their medication or amend activity to compliment their health status.

**ABOUT TRIGGERS...**

What triggers your child’s asthma?

- Exercise
- Fatigue
- Dehydration
- Stress
- Food Item
- Smoke
- Allergen \_\_\_\_\_
- Respiratory infections/common cold
- Other \_\_\_\_\_

Provide details about the triggers, including things which cabin and trip counselors should be told....

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**USING A PEAK FLOW METER...**

We recommend using a peak flow meter to monitor your daughter’s status and note signs of a potential flare before it is well established. Please have your daughter bring his/her peak flow meter.

When does your daughter take peak flow readings?

- Breakfast       Lunch       Supper       Bedtime
- Other: \_\_\_\_\_

“Personal Best” peak flow reading for your son (green range): \_\_\_\_\_

Caution range (yellow) : \_\_\_\_\_

What should be done if your daughter’s peak flow reading drops to the caution/yellow range?

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Danger range (red zone): \_\_\_\_\_

What should be done if your daughter’s peak flow reading drops to the danger/red zone?

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**ABOUT MEDICATIONS...**

Medications are supervised by the camp nurse and kept in the Health Center with the exception of inhalers that must be carried by the camper. Medications are usually dispensed at mealtime and brought to the dining room so your daughter doesn't have to interrupt her activity to go get them. While we'd like to use mealtime as much as possible to give routine medications, we can arrange a different time if needed (e.g. mid-morning, mid-afternoon).

**These Medications are Used Daily to Manage My Daughter's Asthma**

Name of Medication	Dose Given	When	Reason for Using this Med

**These Medications are Taken "As Needed" to Prevent an Asthma Flare**

Name of Medication	Dose Given	When	Reason for Using this Med

**These Medications are Used When My Daughter's Asthma Flares**

Name of Medication	Dose to be Given	At What Point Should this be Used?	What Effect Should be Expected & How Quickly?

**NEBULIZER TREATMENT & USE**

Will your daughter bring a nebulizer to camp? .....  YES  NO

IF YES ..... We expect your daughter knows when she needs a nebulizer treatment and how to use the machine.

What medication is used via nebulizer? \_\_\_\_\_

Nebulizers are kept in the Health Center and available when needed by the camper.

**WHEN WE HAVE QUESTIONS, WHO SHOULD WE CONTACT?**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**AT WHAT POINT SHOULD WE NOTIFY YOU (Parent, Guardian) ABOUT AN ASTHMA FLARE?**

\_\_\_\_\_  
\_\_\_\_\_

**AT WHAT POINT SHOULD THIS CHILD BE TAKEN TO A PHYSICIAN OR HOSPITAL ?**

\_\_\_\_\_  
\_\_\_\_\_

**Return to: Ogichi Daa Kwe  
3515 Michigan Avenue  
Cincinnati, OH 45208  
Fax: (513) 772-5673**

Parent Signature: \_\_\_\_\_  
Date: \_\_\_\_\_