THE MARK VELCOFF, M.D.
ASTHMA CAMP
★ SINCE 1986 ★

Dear Parents:

Salinas Valley Health is honored to invite your child to participate in our 39th annual Asthma Camp. Our Asthma Camp is the only summer camp in Monterey County solely designed to educate children about the disease of asthma in an informative, engaging and fun environment. Asthma Camp provides children with the necessary tools to take control of their asthma and never let the disease hold them back again.

Your child will benefit from the program and gain a better understanding of their condition, as well as an increased ability to cope with its challenges. There are five daily educational sessions structured around our own workbook, including complete explanations of educational topics, fun camp activities, and a section for parent education. The benefits from this program will be immediate to you and your child.

Asthma Camp is fully funded by donations from the Salinas Valley Health Foundation through our local Children's Miracle Network Hospitals Program. We are grateful for the support of donors and our Salinas Valley Health physicians and staff, who help make this camp possible. We invite you to participate in this opportunity to empower your child and help them lead a healthier, happier life. Visit SalinasValleyHealth.com/asthmacamp or call 831-759-1890 for more information.

We look forward to an exciting week of learning and fun at our 39th Annual Asthma Camp, and we hope your child can attend and benefit from the educational experience.

Sincerely,

Allen Radner, MD
Salinas Valley Health
Interim President/CEO

Salinas Valley HEALTH

Children's Miracle Network Hospitals

Salinas Valley HEALTH FOUNDATION

SalinasValleyHealth.com/asthmacamp

THE MARK VELCOFF, M.D.

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Enclosed is an application packet for Asthma Camp 2024 to be held July 22 through July 26.

- Asthma Camp Information Sheet
- Registration Forms to be completed and returned
- Physician Referral Form to be completed BY PHYSICIAN and returned
- Waiver and Release Form to be completed and returned
- Family Luncheon and Graduation Ceremonies Invitation
- Map to Lincoln Park Elementary School
- Asthma Control Test Form to be completed and returned
- Emergency Contact Card to be completed and returned

Space is limited. It is important that your application be returned promptly in order to reserve your child's place to be a participant of Asthma Camp. The physician referral may be returned at a later date due to doctor availability, but must be turned in by the pre-camp meeting. **REGISTRATION DEADLINE IS JUNE 29, 2024.**

Written acknowledgment of your application and fee payment will be sent to you.

Salinas Valley HEALTH

Children's Miracle Network Hospitals

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infomationsheet

Dates: July 22 through July 26

Ages: 6-12 years old

Time Schedule:

Monday:	9:00am to 3:00pm
Tuesday:	9:00am to 4:00pm
Wednesday:	9:00am to 4:00pm
Thursday:	8:00am to 4:00pm
Friday:	9:00am to 1:30pm

Transportation to and from camp is the responsibility of the parents. For parent convenience child care is available before and after camp, starting at 8:00am and ending at 5:00pm.

Location:

Lincoln Park Elementary School, 705 California St., Salinas, CA 93901
Children will be transported by shuttle bus to off-site activities.

Fee: A $10 registration fee is required to hold your place, all other costs are fully funded by donations made to the Salinas Valley Health Foundation through our Children's Miracle Network Hospitals Program.

Payment can be made two ways:
1) With credit card through our website at SalinasValleyHealth.com/asthmacamp
2) With check, made payable to: Salinas Valley Health Foundation and please note "Asthma Camp " and the name of your camper(s) in the memo field.

Submit completed registration packet through email to HealthPromotion@SalinasValleyHealth.com or mail to the address below:

Asthma Camp Registration
Salinas Valley Health/Health Promotion Department
450 E. Romie Lane, Salinas, CA 93901

For further information:

Visit SalinasValleyHealth.com/asthmacamp or call 831-759-1890

Medical supervision will be available at camp. More information to follow.

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registration form

INFORMATION WILL BE SHARED WITH CAMP COUNSELORS AND VOLUNTEERS AS NEEDED

*Please fill in **all** blanks and check the appropriate answers.*

Name of Child		Date of Birth	Age
❑ Male ❑ Female	Height	Weight	Grade
Address		City	Zip
Parent/guardian		Primary/cell phone #	Email address
Parent/guardian		Primary/cell phone #	Email address

CHILD RELEASE AUTHORIZATION List all persons authorized to pick up your child:

Name	Relationship	Phone #
Name	Relationship	Phone #

Is there anyone not allowed to pick up or contact your child? ❑ YES ❑ NO

Name:

Will your child be requiring pre-camp child care, starting at 8:00am? ❑ YES ❑ NO

Will your child be requiring post-camp child care, until 5:00pm? ❑ YES ❑ NO

Does your child have special medical care needs or considerations? ❑ YES ❑ NO

SELECT ONE

SHIRT SIZE FOR YOUR CHILD:

❑ Child M ❑ Child L ❑ Adult M ❑ Adult L ❑ Adult XL ❑ Adult XXL

Child's nickname:

1. At what age did your child first develop asthma (wheezing)?

2. Does anyone else in the immediate family have asthma? ❑ Yes ❑ No If yes, who?

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registration form

3. What triggers your child's wheezing? Please check all that apply.

❑ Infections ❑ Animals ❑ Dust ❑ Pollens ❑ Mold ❑ Emotions ❑ Exercise ❑ Foods

List other items: _____

_____

4. Does your child wheeze throughout the year, or only during certain months? _____

5. How many asthma attacks has your child had in the last two months? _____

6. How many days of school did your child miss this past year due to asthma or breathing difficulties?

_____

7. Is your child in a restricted P.E. class? ❑ Yes ❑ No _____

8. Has your child ever been hospitalized because of asthma? ❑ Yes ❑ No _____

9. Number of hospitalizations in past two years: _____ Last admission date: _____

10. How would you describe your child's symptoms? ❑ Present only with exercise

❑ Present but does not interfere with daily activities ❑ Present and intermittently interferes with activities and sleep ❑ Other, explain: _____

_____

_____

_____

11. Please list all medications your child is taking at this present time:

Name	Strength	Times Given
Name	Strength	Times Given
Name	Strength	Times Given

12. Where did you hear about Asthma Camp? (Please check all that apply)

❑ Physician ❑ Television/Radio/Print ❑ School ❑ Other: _____

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registration form

13. Priority registration is given to first-time campers:

❏ This will be my first year attending.

❏ This will be my second year attending.

❏ This will be my _____ year attending.

If you have attended camp before, your name will be added to a wait list. Wait list registration will be confirmed by June 19 based on space availability.

14. Asthma Camp has a strict Anti-Bullying Policy. During Parent Pre-Camp Education, all parents will review the policy and will be required to sign and adhere to the policy prior to the camp start date.

15. Asthma Camp registration is limited to 50 attendees. Asthma Camp registration is limited to ensure safe distancing and recommendations according to CDC guidelines.

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registration form

JUNIOR CAMP LEADER

Gives students an opportunity to stay connected to the program.

INFORMATION WILL BE SHARED WITH CAMP COUNSELORS AND VOLUNTEERS AS NEEDED

*Please fill in **all** blanks and check the appropriate answers.*

Name of Child	Date of Birth	Age
❑ Male ❑ Female Height	Weight	Grade
Address	City	Zip
Parent/guardian	Primary/cell phone #	Email address
Parent/guardian	Primary/cell phone #	Email address

CHILD RELEASE AUTHORIZATION List all persons authorized to pick up your child:

Name	Relationship	Phone #
Name	Relationship	Phone #

Is there anyone not allowed to pick up or contact your child? ❑ YES ❑ NO

Name:

Will your child be requiring pre-camp child care, starting at 8:00am? ❑ YES ❑ NO

Will your child be requiring post-camp child care, until 5:00pm? ❑ YES ❑ NO

Does your child have special medical care needs or considerations? ❑ YES ❑ NO

SELECT ONE

SHIRT SIZE FOR YOUR CHILD:

❑ Child M ❑ Child L ❑ Adult M ❑ Adult L ❑ Adult XL ❑ Adult XXL

Child's nickname:

1. At what age did your child first develop asthma (wheezing)?

2. Does anyone else in the immediate family have asthma? ❑ Yes ❑ No If yes, who?

THE MARK VELCOFF, M.D.

ASTHMA CAMP

★ SINCE 1986 ★

registration form

3. What triggers your child's wheezing? Please check all that apply.

❑ Infections ❑ Animals ❑ Dust ❑ Pollens ❑ Mold ❑ Emotions ❑ Exercise ❑ Foods

List other items: _____

_____

4. Does your child wheeze throughout the year, or only during certain months? _____

5. How many asthma attacks has your child had in the last two months? _____

6. How many days of school did your child miss this past year due to asthma or breathing difficulties?

_____

7. Is your child in a restricted P.E. class? ❑ Yes ❑ No _____

8. Has your child ever been hospitalized because of asthma? ❑ Yes ❑ No

9. Number of hospitalizations in past two years: _____ Last admission date: _____

10. How would you describe your child's symptoms? ❑ Present only with exercise

❑ Present but does not interfere with daily activities ❑ Present and intermittently interferes with activities and sleep ❑ Other, explain: _____

_____

_____

_____

11. Please list all medications your child is taking at this present time:

Name	Strength	Times Given
Name	Strength	Times Given
Name	Strength	Times Given

12. Where did you hear about Asthma Camp? (Please check all that apply)

❑ Physician ❑ Television/Radio/Print ❑ School ❑ Other: _____

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registration form

13. Priority registration is given to first-time campers:

❑ This will be my first year attending.

❑ This will be my second year attending.

❑ This will be my _____ year attending.

If you have attended camp before, your name will be added to a wait list. Wait list registration will be confirmed by June 18 based on space availability.

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physician referral

Name of Child _____ Date of Birth _____

1. Does this child have asthma? ❑ Yes ❑ No

2. Please list child's asthma RESCUE medications: _____

3. Please list child's asthma CONTROLLER medications: _____ ❑ None

4. List asthma medications taken just prior to exercise: _____ ❑ None

5. List all other medications taken by child: _____ ❑ None

6. List asthma triggers (e.g. upper respiratory infections, exercise, pollen, pets, dust, weather):

7. List all allergies (e.g. medications, foods, insect stings, etc.): _____ ❑ None

8. Other health issues, disabilities or concerns: _____ ❑ None

9. Height: _____ Weight: _____

10. Additional comments: _____

Physician Signature _____ Date _____

Please return form by mail or fax to:
Asthma Camp Registration, Salinas Valley Health/Health Promotion Dept., 450 E. Romie Lane, Salinas, CA 93901
Fax: 831-422-1014

THE MARK VELCOFF, M.D.
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RELEASE, WAIVER & CONSENT AGREEMENT

___ I give permission for my child to attend The Mark Velcoff, M.D. Asthma Camp at Lincoln Park Elementary School in Salinas and to participate in all Asthma Camp activities and field trips. In consideration of my child's participation in The Mark Velcoff, M.D. Asthma Camp, including but not limited to participation in athletic activities, exercise classes, and sports programs including any off-site programs, I understand that Salinas Valley Health and Salinas Valley Health Foundation, Inc., assumes no responsibility for injuries or illness that my child may sustain as a result of my child's physical condition or resulting from my child's participation in any of the foregoing activities. I give permission to have my child transported from the basic camp activities for any special camp related activities.

___ In the event of my child's illness or injury, I authorize and consent to any x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment and medical center care as determined to be necessary and is provided by medical or emergency room staff licensed under the provision of the Medical Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment or medical center care being required, but is given to provide consent to such care when hospital medical personnel deem such care advisable.

___ I understand that the medical center shall attempt to contact me prior to rendering treatment to my child. However, treatment will not be withheld if I cannot be reached. I authorize the medical center to surrender physical custody of my child to the individual who presented him/her for treatment upon completion of the treatment if I am not present on my child's release. This consent shall remain in effect from July 22, 2024 through July 26, 2024.

___ I personally and on behalf of my child do hereby release, discharge and agree to hold harmless Salinas Valley Health, its directors, officers, employees, agents and volunteers as well as Salinas Valley Health Foundation, Inc., its governors, agents and volunteers ("Released Parties") from and against any and all claims or rights which may hereafter accrue against Released Parties for direct or indirect injury, illness, death, loss or damage that I or my child may sustain or suffer as a result of my child's participation in The Mark Velcoff, M.D. Asthma Camp.

___ I also consent to and authorize Salinas Valley Health and Salinas Valley Health Foundation, Inc., to photograph or permit other persons to photograph my child and use the negatives or prints prepared from such photographs for such purposes as the Salinas Valley Health or Salinas Valley Health Foundation, Inc., may deem appropriate. I hereby waive any right to compensation for such uses. The term "photograph" shall mean motion picture or still photography in any format, as well as videotape, video disc, and any other mechanical means of recording and reproducing images.

___ I agree that this Release, Waiver and Consent Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion is held invalid, the balance shall continue in full legal force and effect.

My child will be requiring pre-camp child care, starting at 8:00am: ❑ YES ❑ NO

My child will be requiring post-camp child care, until 5:00pm: ❑ YES ❑ NO

Name of Camper Date

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

waiver & release

THE MARK VELCOFF, M.D.
ASTHMA CAMP
★ SINCE 1986 ★

You and your family are invited to attend
Salinas Valley Health's

39th Annual Mark Velcoff, MD Asthma Camp Graduation 2024 Family Luncheon

The festivities will begin at 9:00am on Friday, July 26
and will be held at Lincoln Park Elementary School
705 California St., Salinas, CA 93901
Look for our camp sign
RSVP by Monday, July 22, to 831-759-1890

The staff of Asthma Camp looks forward to
your participation in our final ceremonies.
Help us congratulate our special young graduates!

Please note: Your child will need to be picked up at Lincoln Park Elementary School at 1:30pm, Friday, July 26.

(No post-camp care will be available on Friday afternoon. Please plan accordingly.)

familygraduation

Salinas Valley HEALTH

Children's Miracle Network Hospitals

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SalinasValleyHealth.com/asthmacamp

THE MARK VELCOFF, M.D.
ASTHMA CAMP
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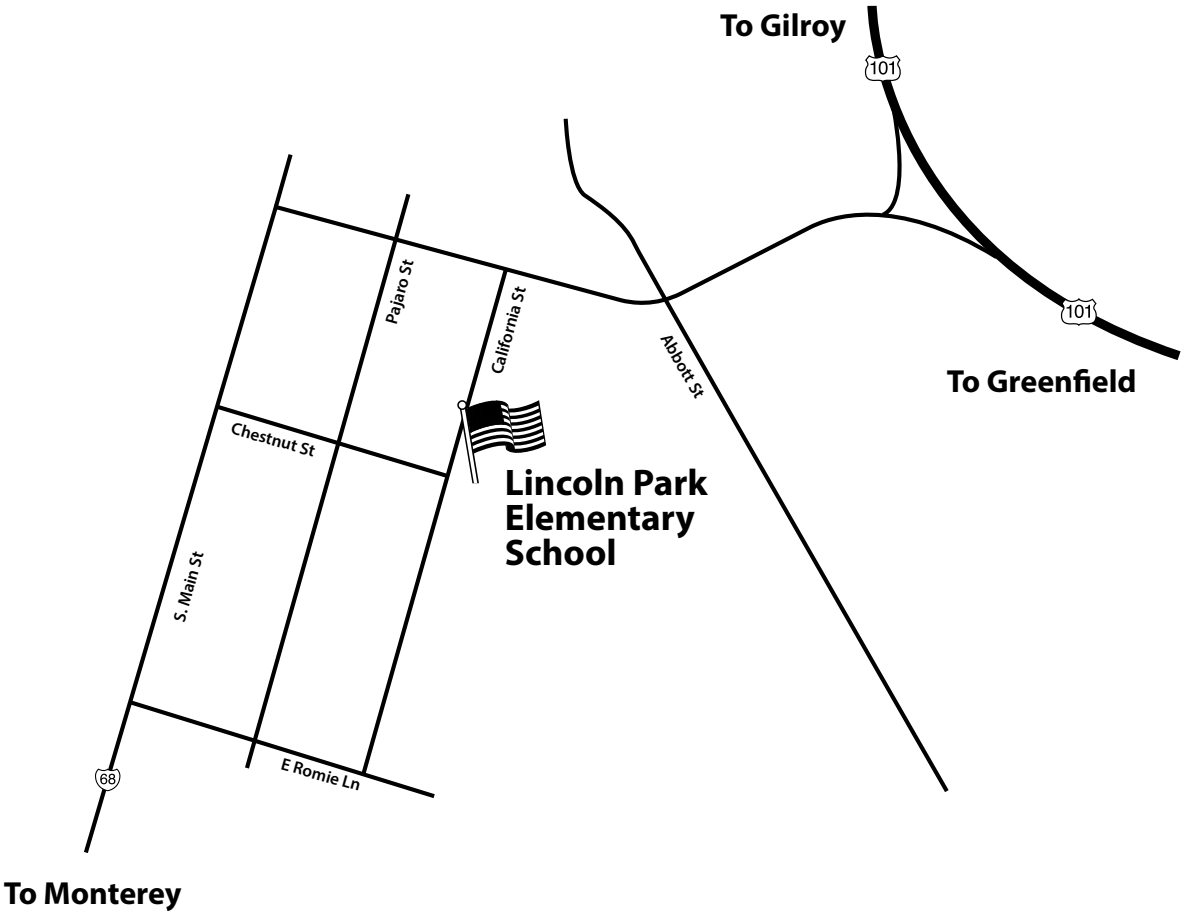
directions / map

Lincoln Park Elementary School • 705 California St., Salinas

Please park in front of school. Walk your child back behind school following the driveway.
Look for Asthma Camp signs.

Por favor estacione su vehículo frente a la escuela. Camine con su hijo o hija hacia detrás de la escuela siguiendo el camino de entrada de vehículos. Busque los carteles del Campamento del Asma.



Enter Name _____ Today's Date: _____

Enter Address _____ Camper's Name: _____

Enter City/State/Zip _____

Childhood Asthma Control Test for children 4 to 11 years.

This test will provide a score that may help the doctor determine if your child's asthma treatment plan is working or if it might be time for a change.

How to take the Childhood Asthma Control Test

Step 1 Let your child respond to **the first four questions (1 to 4)**. If your child needs help reading or understanding the question, you may help, but let your child select the response. Complete the remaining **three questions (5 to 7)** on your own and without letting your child's response influence your answers. There are no right or wrong answers.

Step 2 Write the number of each answer in the score box provided.

Step 3 Add up each score box for the total.

Step 4 Take the test to the doctor to talk about your child's total score.

19 or less If your child's score is 19 or less, it may be a sign that your child's asthma is not controlled as well as it could be. Bring this test to the doctor to talk about the results.

Have your child complete these questions.

1. How is your asthma today?

 0 Very bad	 1 Bad	 2 Good	 3 Very good

SCORE ☐

2. How much of a problem is your asthma when you run, exercise or play sports?

 0 It's a big problem, I can't do what I want to do.	 1 It's a problem and I don't like it.	 2 It's a little problem but it's okay.	 3 It's not a problem.

☐

3. Do you cough because of your asthma?

 0 Yes, all of the time.	 1 Yes, most of the time.	 2 Yes, some of the time.	 3 No, none of the time.

☐

4. Do you wake up during the night because of your asthma?

 0 Yes, all of the time.	 1 Yes, most of the time.	 2 Yes, some of the time.	 3 No, none of the time.

☐

Please complete the following questions on your own.

5. During the last 4 weeks, how many days did your child have any daytime asthma symptoms?

5 Not at all	4 1-3 days	3 4-10 days	2 11-18 days	1 19-24 days	0 Every Day

☐

6. During the last 4 weeks, how many days did your child wheeze during the day because of asthma?

5 Not at all	4 1-3 days	3 4-10 days	2 11-18 days	1 19-24 days	0 Every Day

☐

7. During the last 4 weeks, how many days did your child wake up during the night because of asthma?

5 Not at all	4 1-3 days	3 4-10 days	2 11-18 days	1 19-24 days	0 Every Day

☐

TOTAL ☐

THE MARK VELCOFF, M.D.

ASTHMA CAMP

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CHILD'S NAME _____ DATE OF BIRTH _____ AGE _____ ❑ MALE ❑ FEMALE

NAME OF PARENT(S) _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

ADDRESS _____

EMERGENCY INFORMATION: LIST ALTERNATE PERSONS TO CALL IN CASE OF EMERGENCY

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

PHYSICIAN _____ PHONE _____

HAVE YOU ATTENDED CAMP PREVIOUSLY? ❑ YES ❑ NO YEARS _____

PRESENT MEDICATIONS _____

SEVERE ALLERGIES _____ *Please write any additional comments on the back side of this card.*

Salinas Valley HEALTH

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Salinas Valley HEALTH FOUNDATION

SalinasValleyHealth.com/asthmacamp

Please note that the activities listed are currently tentative and subject to finalization. Our schedule is actively being refined to ensure the best experience.

THE MARK VELCOFF, M.D.
ASTHMA CAMP
★ SINCE 1986 ★

camp schedule

Monday, July 22
Introduction Day

9:00 - 10:00	Opening ceremony, stations and group photo. Hand out t-shirts, workbooks, water bottles and fanny packs
10:00 - 10:15	Snacks
10:15 - 11:30	Asthma orientation
11:30 - 12:30	Lunch
12:30 - 2:00	Camp soccer/arts and crafts
2:15 - 2:45	Relaxation techniques/ Leadership training
2:45 - 3:00	Snack, closing reflection time
3:00	Pick up

Tuesday, July 23

9:00 - 10:00	Opening ceremony, and stations
10:00 - 10:15	Snack
10:30 - 11:30	Appearance by Christopher William Dalman a former professional American football player who played offensive lineman for 11 seasons for the San Francisco 49ers
11:45 - 12:30	Lunch
12:30	
1:00 - 2:00	
2:00 - 2:10	
2:30 - 3:30	Relaxation techniques/Snack/ Leadership training
3:30 - 4:00	Arts and crafts
4:00	Pick up

Wednesday, July 24
Hike Day

9:00 - 9:30	Opening ceremony, and stations
9:30 - 11:00	Asthma education
11:00 - 12:15	Lunch
11:45	Ranger Tammy and her snake, Kolbie, will be joining us for photos
12:15 - 12:30	Bus to Creekside Trail Head
12:30 - 3:15	Hike and snack followed by special Junior Camper Gift and Natural Journaling project with Ranger Tammy
3:15 - 3:30	Bus back to Lincoln Park Elementary School
4:00	Pick up

Thursday, July 25
Swim Day (YMCA)

9:00 - 10:00	Opening ceremony, and stations
10:00 - 11:30	Asthma Education/Relaxation Techniques/ Leadership Training
11:30 - 12:30	Lunch with special Guest Speaker, Monica Abbott, Olympic Medalist (special gift for each camper handed out)
12:30	Bus to YMCA for swimming
1:00 - 2:00	Swim
2:00 - 2:15	Bus to Lincoln Park Elementary School
2:30 - 3:00	Relaxation techniques/Snack/ Leadership training
3:00 - 4:00	Appearance by Monterey Bay F.C.
4:00	Pick up

Friday, July 26
Graduation

9:00 - 10:00	Opening ceremony, stations
10:00 - 10:15	Snack
10:15 - 12:00	Camp Olympics
12:00 - 12:30	Family lunch
12:30 - 1:30	Graduation and awards
1:30	Pick up/camp ends

FPO