

Dear Parents:

What if there was a way that your child could learn the skills necessary to successfully handle their asthma so they would never again be victim to their condition? Salinas Valley Memorial Healthcare System (SVMHS) is inviting your child to do just that by attending the 36th Annual Asthma Camp. It is the only summer camp in Monterey County solely designed to educate your child about the disease of Asthma and to do so in an informational and fun environment.

We believe the benefits of this Healthcare System-sponsored program will be immediate and obvious to you. The five daily educational sessions are structured around our own workbook, which includes a complete explanation of education topics, camp activities, and a section for parent education. This program has been highly successful with children and will result in a better understanding of asthma, and an increased ability to cope with its inconveniences and maintain a quality level of daily activity.

Asthma Camp is fully funded by donations made to the SVMH Foundation through our local Children's Miracle Network Hospitals Program. We are grateful for support from donors and from our SVMHS physicians for helping make this program possible. You are commended for your interest in this educational opportunity for your child. For more information, please visit svmhs.com/asthmacamp or call 831-759-1890.

We look forward to an exciting celebration of our 36th Asthma Camp, and we hope your child will be able to join us!

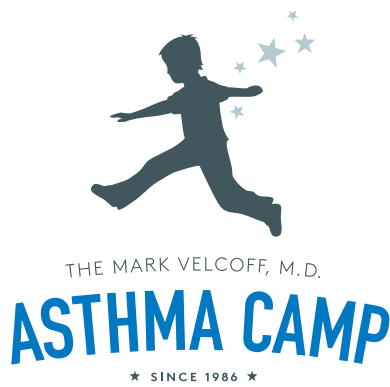
Sincerely,

Pete Delgado
Salinas Valley Memorial Healthcare System
President/CEO

 Salinas Valley Memorial Healthcare System



svmhs.com/asthmacamp



Enclosed is an application packet for Asthma Camp 2021 to be held July 19th through July 23rd.

- 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 Toro 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 at 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.

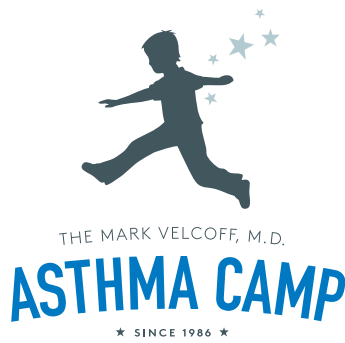
REGISTRATION DEADLINE IS JULY 5, 2021.

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

 Salinas Valley Memorial Healthcare System



svmh.com/asthmacamp



Dates: July 19 - July 23, 2021

Ages: 6-12 years old

Time Schedule:

Monday: 9:00 am to 3:00 pm
Tuesday: 9:00 am to 4:00 pm
Wednesday: 9:00 am to 5:00 pm
Thursday: 8:00 am to 4:00 pm
Friday: 9:00 am to 1:30 pm

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:

Toro Park Elementary School, 22500 Portola Dr., Salinas
Children will be transported by shuttle bus to off-site activities.

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

Payment can be made two ways:

- 1) With credit card through our website at svmhfoundation.com/asthmacamp
 - 2) With check, made payable to: SVMH Foundation.
- Please note "Asthma Camp" and the name of your camper(s) in the memo field.

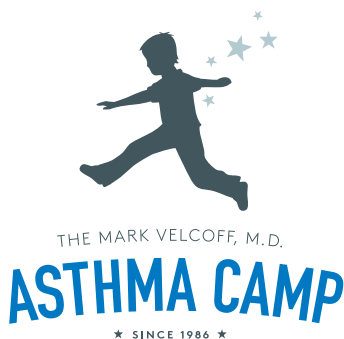
Submit completed registration packet through e-mail to HealthPromotion@svmh.com or mail to the address below:

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

For further information:

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

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



**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
<input type="checkbox"/> Male <input type="checkbox"/> Female	Height	Weight
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?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Name:		
Will your child be requiring pre-camp child care, starting at 8am?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Will your child be requiring post-camp child care, until 5:00pm?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does your child have special medical care needs or considerations?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**SELECT
ONE**

SHIRT SIZE FOR YOUR CHILD:

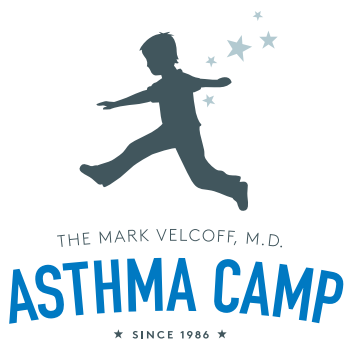
☐ Child M ☐ Child L ☐ Adult M ☐ Adult L ☐ Adult XL ☐ Adult XXL

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? _____

registration form



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

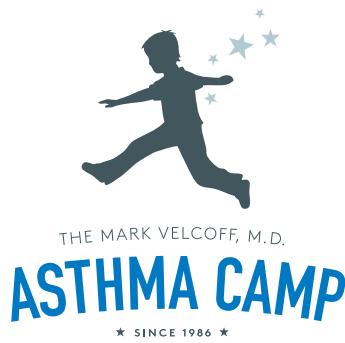
☐ Present but does not interfere with daily activities ☐ Present and intermittently interferes with activities and sleep ☐ Other, explain: _____

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: _____



13. Priority registration is given to first campers:

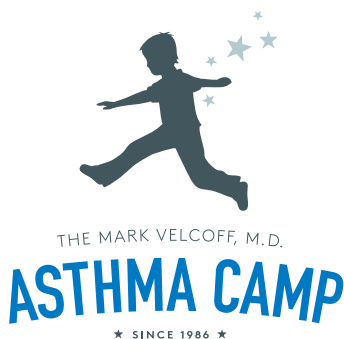
- ☐ This will be my first year attending.
- ☐ This will be my second year attending.
- ☐ This will be my _____ year attending.

If you have attended camp before, your name will be added to a wait list. Wait list registration will be confirmed by June 20th 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 30 attendees.

registration form



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: _____

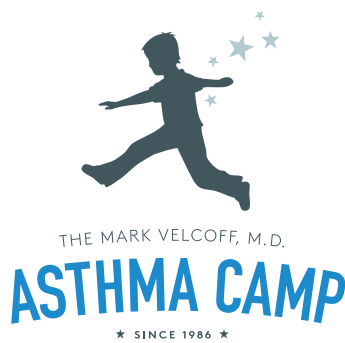
Physician Signature _____ Date _____

Please return form by mail or fax to:

Asthma Camp Registration, SVMHS/Health Promotion Dept., 450 E. Romie Lane, Salinas, CA 93901

Fax: 831-422-1014

svmhs.com/asthmacamp



RELEASE, WAIVER & CONSENT AGREEMENT

___ I give permission for my child to attend The Mark Velcoff, M.D. Asthma Camp at Toro 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 Memorial Healthcare System and Salinas Valley Memorial Hospital 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 hospital 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 hospital care being required, but is given to provide consent to such care when hospital medical personnel deem such care advisable.

___ I understand that the hospital 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 hospital 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 19, 2021 through July 23, 2021.

___ I personally and on behalf of my child do hereby release, discharge and agree to hold harmless Salinas Valley Memorial Healthcare System, its directors, officers, employees, agents and volunteers as well as Salinas Valley Memorial Hospital 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 Memorial Healthcare System and Salinas Valley Memorial Hospital 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 Memorial Healthcare System or Salinas Valley Memorial Hospital 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 8am: ☐ YES ☐ NO

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

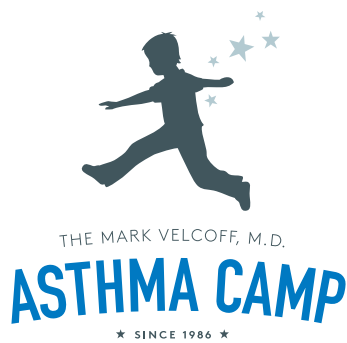
Name of Camper

Date

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

release
&
waiver



You and your family are invited to attend
Salinas Valley Memorial Healthcare System's

36th Annual Mark Velcoff, MD Asthma Camp 2021 Friends and Family Luncheon

The festivities will begin at 10:30 am on Friday, July 23rd
It will be held at Toro Park Elementary School,
22500 Portola Dr., Salinas
Look for our camp sign
RSVP by Monday, July 19 to 831-759-1890

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

*Please note: Your child will need to be picked up at
Toro Park Elementary School at 1:00pm, Friday, July 23rd.*

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

 Salinas Valley Memorial Healthcare System



svmh.com/asthmacamp

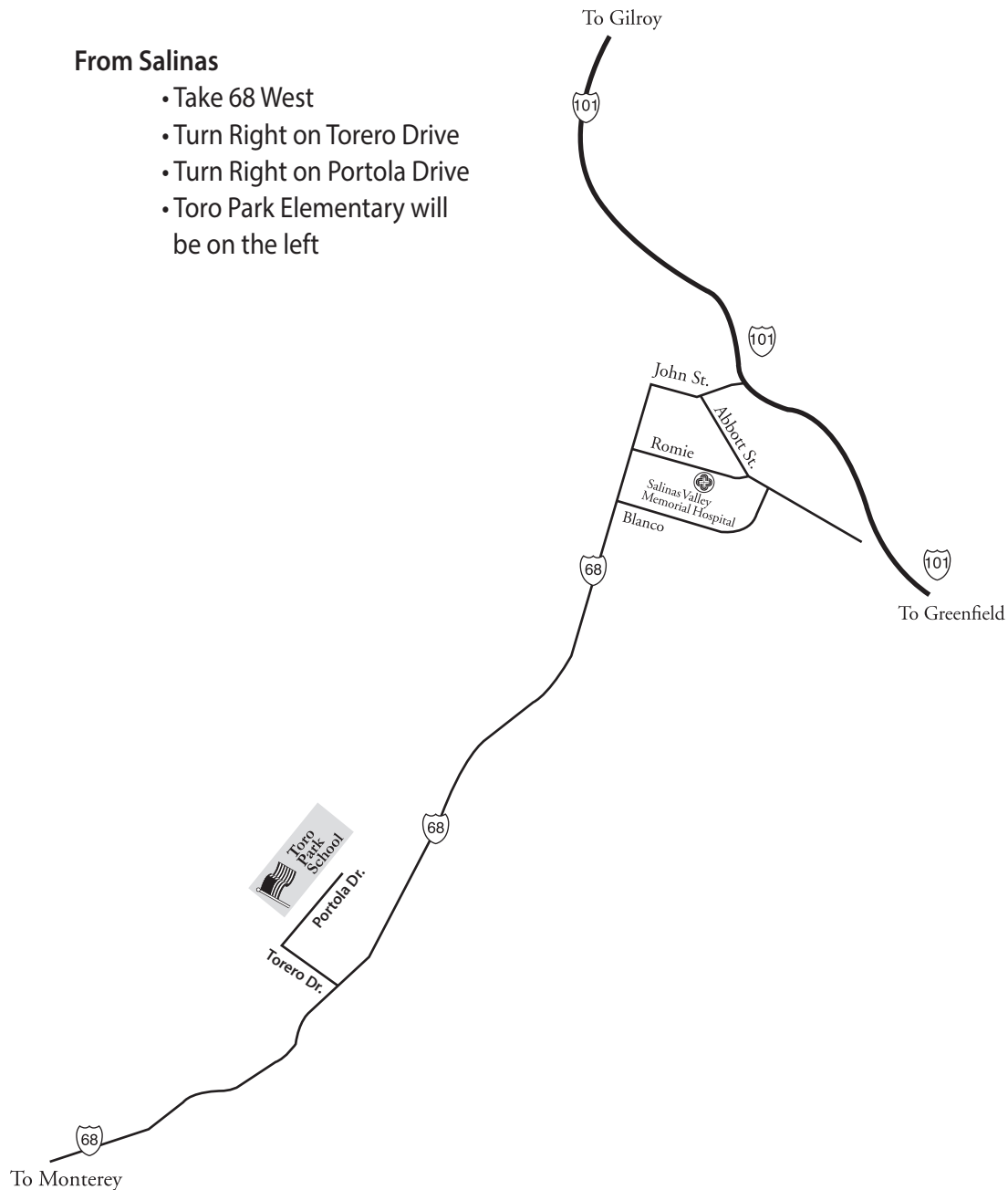
family graduation



Toro Park Elementary School • 22500 Portola Dr., Salinas
Please park in front of school. Walk your child back behind school following the driveway.
Look for Asthma Camp signs.

From Salinas

- Take 68 West
- Turn Right on Torero Drive
- Turn Right on Portola Drive
- Toro Park Elementary will be on the left



Enter Name _____

Today's Date: _____

Enter Address _____

Patient'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
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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.
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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.
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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.
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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 Everyday
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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 Everyday
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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 Everyday
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TOTAL

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

NAME OF PARENT(S) _____

HOME PHONE _____ WORK PHONE _____ WIRELESS 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.*



Monday, July 19

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	Snack
10:15 - 11:30	Asthma orientation
11:30 - 12:30	Lunch
12:30 - 2:00	Camp soccer/arts & crafts
2:15 - 2:45	Relaxation techniques
2:45 - 3:00	Snack, closing reflection time
3:00	Pick up

Tuesday, July 20

Swim Day (Titus Pool)

9:00 - 10:00	Opening ceremony, stations
10:00 - 10:15	Snack
10:15 - 11:30	Asthma education
11:45 - 12:30	Lunch
12:30 - 1:30	Thank you card project
1:30 - 2:00	Relaxation techniques/snack
2:00 - 2:15	Bus to Titus Pool
2:30 - 3:30	Swim
2:30 - 3:45	Bus back to Toro Park Elementary
4:00	Pick up

Wednesday, July 21

Hike Day

9:00 - 9:30	Opening ceremony, stations
9:30 - 9:45	Snack
9:45 - 11:15	Asthma education
11:15 - 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 - 3:45	Bus back to Toro Park Elementary
4:00 - 5:00	Dinner
5:00	Pick up

Thursday, July 22

Swim Day (Titus Pool)

9:00 - 10:00	Opening ceremony, stations
10:00 - 10:15	Snack
10:15 - 11:30	Asthma education
11:45 - 12:30	Lunch
12:30 - 1:30	Arts and Crafts
1:30 - 2:00	Relaxation techniques/snack
2:00 - 2:15	Bus to Titus Pool
2:30 - 3:30	Swim
3:30 - 3:45	Bus back to Toro Park Elementary
4:00	Pick up

Friday, July 23

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/awards
1:30	Pick up/camp ends

camp schedule