

# Lanier Day Camp

## Asthma Action Plan

Camper's Name \_\_\_\_\_

Camp \_\_\_\_\_

Session Date \_\_\_\_\_

If your camper experiences asthma episodes, please fill out the following form. Since this is a serious and potentially life-threatening condition, the camp needs information to insure the correct reaction is taken during an asthma episode.

Please describe the nature, approximate frequency and severity of the episodes:

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

Peak Flow:

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

Triggers:

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

Steps for an acute asthma episode (as recommended by physician):

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_