

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 Health is inviting your child to do just that by attending the 38th Annual Asthma Camp. This 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 sponsored program will be immediate to you and your child. 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 Salinas Valley Health Foundation through our local Children's Miracle Network Hospitals Program. We are grateful for support from donors and from our Salinas Valley Health 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 [SalinasValleyHealth.com/asthmacamp](http://SalinasValleyHealth.com/asthmacamp) or call 831-759-1890.

We look forward to an exciting week of learning and fun at our 38th Annual Asthma Camp, and we hope your child will be able to join us!

Sincerely,

Pete Delgado  
Salinas Valley Health  
President/CEO



FOUNDATION

[SalinasValleyHealth.com/asthmacamp](http://SalinasValleyHealth.com/asthmacamp)



Enclosed is an application packet for Asthma Camp 2023 to be held July 31<sup>st</sup> through August 4<sup>th</sup>.

- 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 Monterey 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 JULY 24, 2023.**

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



FOUNDATION



**Dates:** July 31<sup>st</sup> through August 4<sup>th</sup>

**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 8:00 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 8:00 am and ending at 5:00 pm.

**Location:**

Monterey Park Elementary School 410 San Miguel Ave., 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, but 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](http://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.

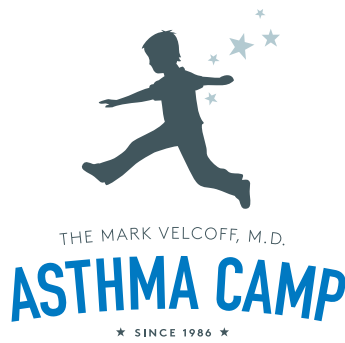
**Submit completed registration packet through e-mail to [HealthPromotion@SalinasValleyHealth.com](mailto:HealthPromotion@SalinasValleyHealth.com) or mail to the address below:**

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

**For further information:**

Visit [SalinasValleyHealth.com/asthmacamp](http://SalinasValleyHealth.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
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?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Name: _____		
Will your child be requiring pre-camp child care, starting at 8:00 am? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Will your child be requiring post-camp child care, until 5:00 pm? <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

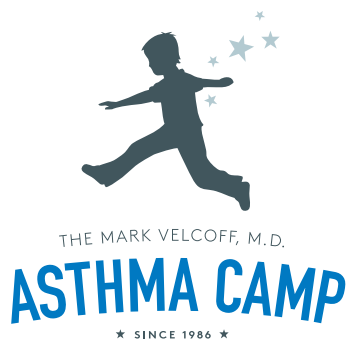
☐ Present but does not interfere with daily activities ☐ Present and intermittently interferes with activities and sleep ☐ Other, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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-time campers:

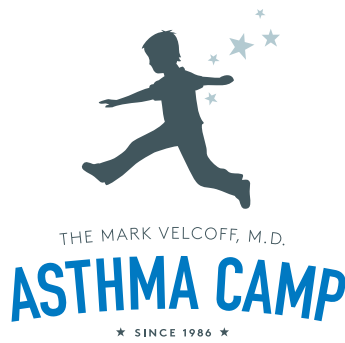
- ☐ This will be my first year attending
- ☐ This will be my second year attending
- ☐ This will be my \_\_\_\_\_ year attending

*If you have attended camp before, your name will be added to a wait list. Wait list registration will be confirmed by June 19th 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.

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
<input type="checkbox"/> Male <input type="checkbox"/> 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?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Name: _____		
Will your child be requiring pre-camp child care, starting at 8:00 am?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Will your child be requiring post-camp child care, until 5:00 pm?		<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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

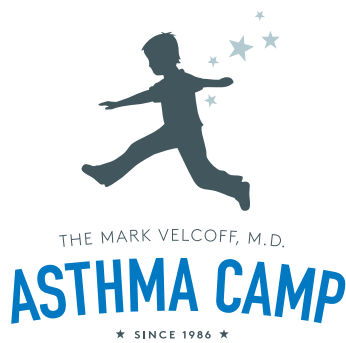
11. Please list all medications your child is taking at this present time:

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-time campers:

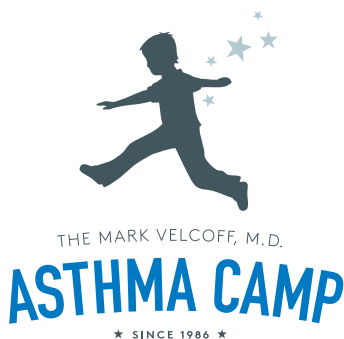
- ☐ This will be my first year attending
- ☐ This will be my second year attending
- ☐ This will be my \_\_\_\_\_ year attending

*If you have attended camp before, your name will be added to a wait list. Wait list registration will be confirmed by June 20th based on space availability.*

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

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: \_\_\_\_\_

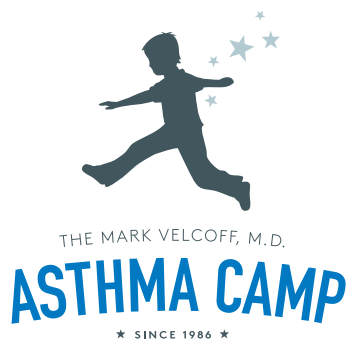
10. Additional comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician Signature Date

**Please return form by mail or fax to:**

Asthma Camp Registration, Salinas Valley Health/Health Promotion Dept., 450 E. Romie Lane, Salinas, CA 93901  
Fax: 831-422-1014

[SalinasValleyHealth.com/asthmacamp](http://SalinasValleyHealth.com/asthmacamp)



## RELEASE, WAIVER & CONSENT AGREEMENT

\_\_\_ I give permission for my child to attend The Mark Velcoff, M.D. Asthma Camp at Monterey 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 31, 2023 through August 4, 2023.

\_\_\_ 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 8:00 am: ☐ YES ☐ NO

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

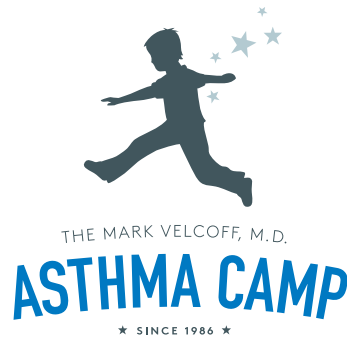
\_\_\_\_\_  
Name of Camper

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

release  
&  
waiver



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

## **38th Annual Mark Velcoff, MD Asthma Camp 2023 Friends and Family Luncheon**

The festivities will begin at 10:30 am on Friday, August 4th  
and will be held at Monterey Park Elementary School

410 San Miguel Ave., Salinas, CA 93901

Look for our camp sign

RSVP by Monday, July 31st, to 831-759-1890

The staff of Asthma Camp look 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  
Monterey Park Elementary School at 1:00 pm, Friday, August 4th.*

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



FOUNDATION

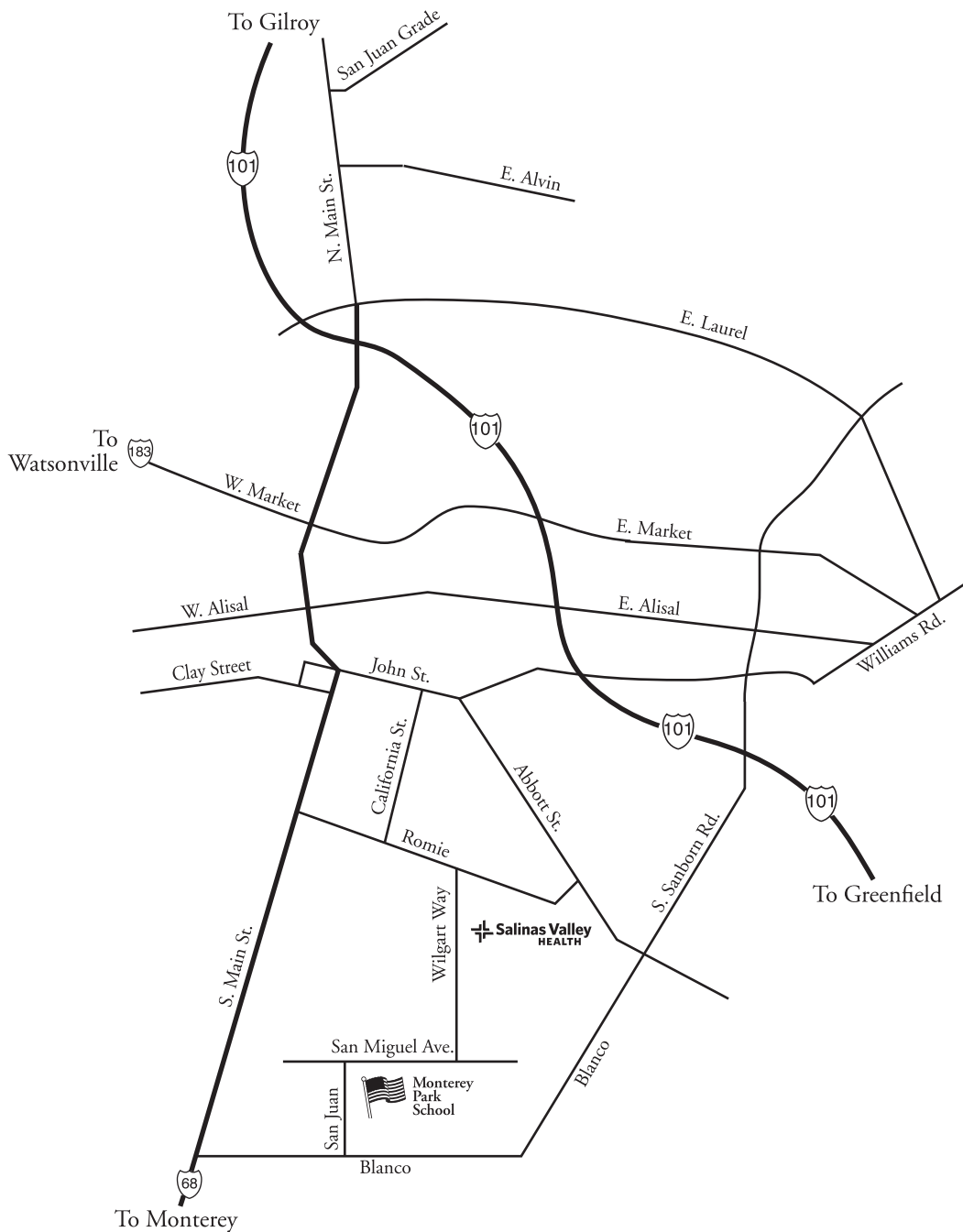
[SalinasValleyHealth.com/asthmacamp](https://SalinasValleyHealth.com/asthmacamp)

family graduation



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

Monterey Park Elementary School • 410 San Miguel Ave., Salinas  
Please park in front of school. Walk your child back behind school following the driveway.  
Look for Asthma Camp signs.



[SalinasValleyHealth.com/asthmacamp](http://SalinasValleyHealth.com/asthmacamp)

directions / map

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?

 <b>0</b> Very bad	 <b>1</b> Bad	 <b>2</b> Good	 <b>3</b> Very good
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2. How much of a problem is your asthma when you run, exercise or play sports?

 <b>0</b> It's a big problem, I can't do what I want to do.	 <b>1</b> It's a problem and I don't like it.	 <b>2</b> It's a little problem but it's okay.	 <b>3</b> It's not a problem.
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3. Do you cough because of your asthma?

 <b>0</b> Yes, all of the time.	 <b>1</b> Yes, most of the time.	 <b>2</b> Yes, some of the time.	 <b>3</b> No, none of the time.
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4. Do you wake up during the night because of your asthma?

 <b>0</b> Yes, all of the time.	 <b>1</b> Yes, most of the time.	 <b>2</b> Yes, some of the time.	 <b>3</b> 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?

<b>5</b> Not at all	<b>4</b> 1-3 days	<b>3</b> 4-10 days	<b>2</b> 11-18 days	<b>1</b> 19-24 days	<b>0</b> Everyday
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6. During the last 4 weeks, how many days did your child wheeze during the day because of asthma?

<b>5</b> Not at all	<b>4</b> 1-3 days	<b>3</b> 4-10 days	<b>2</b> 11-18 days	<b>1</b> 19-24 days	<b>0</b> 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?

<b>5</b> Not at all	<b>4</b> 1-3 days	<b>3</b> 4-10 days	<b>2</b> 11-18 days	<b>1</b> 19-24 days	<b>0</b> Everyday
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SCORE

TOTAL



THE MARK VELCOFF, M.D.

# ASTHMA CAMP

★ SINCE 1986 ★

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 \_\_\_\_\_

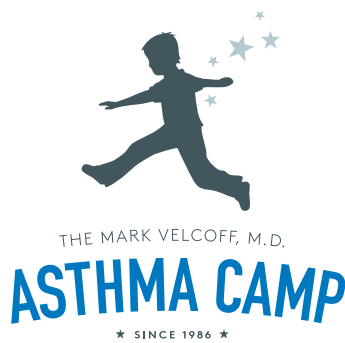
PRESENT MEDICATIONS \_\_\_\_\_

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



FOUNDATION

[SalinasValleyHealth.com/asthmacamp](http://SalinasValleyHealth.com/asthmacamp)



## Monday, July 31st

### 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 and crafts
2:15 - 2:45	Relaxation techniques/Leadership training
2:45 - 3:00	Snack, closing reflection time
3:00	Pick up

## Tuesday, August 1st

### Swim Day (Salinas Aquatics Center)

9:00 - 10:00	Opening ceremony, and stations
10:00 - 10:15	Snack
10:15 - 11:30	Asthma education
11:45 - 12:30	Lunch
12:30	Bus to Salinas Aquatics Center for swimming
1:00 - 2:00	Swim
2:00 - 2:15	Bus to Monterey Park Elementary School
2:30 - 3:30	Relaxation techniques/Snack/Leadership training
3:30 - 4:00	Arts and crafts
4:00	Pick up

## Wednesday, August 2nd

### 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 - 3:45	Bus back to Monterey Park Elementary School
4:00 - 8:00	Family Night - Bring the entire family for play time, Food Truck, Ice Cream Social and Movie Night
8:00	Pick up

## Thursday, August 3rd

### Swim Day (Salinas Aquatics Center)

9:00 - 10:00	Opening ceremony, and stations
10:00 - 10:15	Snack
10:15 - 11:30	Asthma education
11:45 - 12:30	Lunch
12:30	Bus to Salinas Aquatics Center for swimming
1:00 - 2:00	Swim
2:00 - 2:15	Bus to Monterey Park Elementary School
2:30 - 3:30	Relaxation techniques/Snack/Leadership training
3:30 - 4:00	Arts and crafts
4:00	Pick up

## Friday, August 4th

### 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

camp schedule