



Dear Parents:

Salinas Valley Health is excited to invite your child to participate in our Asthma Camp! This camp is the only summer program in Monterey County specifically designed to educate children about asthma in an informative, engaging, and fun environment. Our camp provides children with the necessary tools to take control of their asthma.

Your child will gain valuable knowledge about their condition and develop better coping skills for its challenges. The program includes five daily educational sessions. These are structured around our custom workbook, which features comprehensive explanations of various topics, fun camp activities, and a section dedicated to parent education. The benefits from this program will be immediate for both you and your child.

Asthma Camp is fully funded by donations from the Salinas Valley Health Foundation through our local Children's Miracle Network Program. We are grateful for the support of donors and our Salinas Valley Health physicians and staff, who help make this camp possible. We encourage you to take advantage of this opportunity to empower your child and help them lead a healthier, more active life. Visit [SalinasValleyHealth.com/asthmacamp](http://SalinasValleyHealth.com/asthmacamp) or call 831-759-1890 for more information (note there is a \$10 registration fee).

We look forward to an exciting week filled with learning and fun at our Asthma Camp, and we hope your child can join us for an enriching and educational experience.

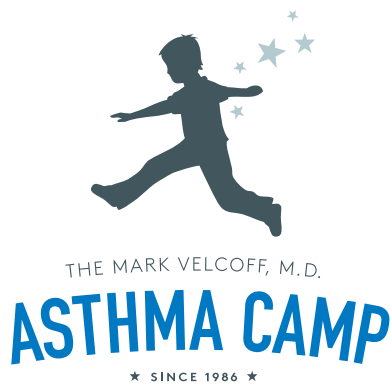
Sincerely,

Allen Radner, MD  
Salinas Valley Health  
President/CEO



FOUNDATION

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



Enclosed is an application packet for Asthma Camp 2026 to be held July 20 through July 24.

- Asthma Camp Information Sheet
- Registration Forms to be completed and returned
- Physician Referral Form to be completed BY PHYSICIAN and returned by the mandatory Parent Orientation

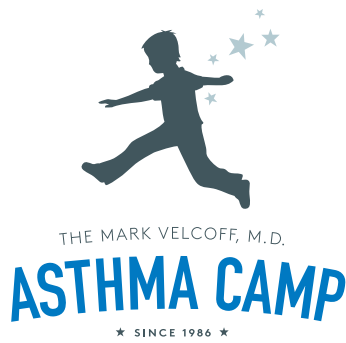
Space is limited. It is important that your application be returned promptly in order to reserve your child's place to be a participant of Asthma Camp. The physician referral may be returned at a later date due to doctor availability, but must be turned in by the pre-camp meeting. **REGISTRATION DEADLINE IS JULY 3, 2026.**

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



FOUNDATION

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



**Dates:** July 20- July 24

**Ages:** 6-12 years old

**Time Schedule:**

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

Activities are to include soccer, hiking, swimming, arts and crafts and more. Transportation to and from camp is the responsibility of the parents.

**Location:** Lincoln 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 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.

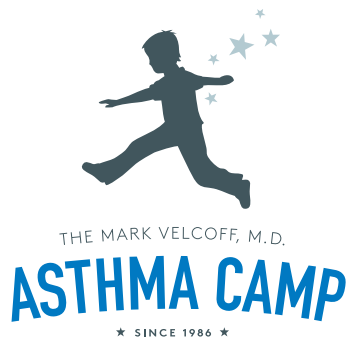
**Submit completed registration packet via email to [HealthPromotion@SalinasValleyHealth.com](mailto:HealthPromotion@SalinasValleyHealth.com) or mail to the address below:**

Asthma Camp Registration  
Salinas Valley Health/Health Promotion Department  
212 San Jose St, Suite 101, 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:		
Does your child have special medical care needs or considerations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**SHIRT SIZE FOR YOUR CHILD:**

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

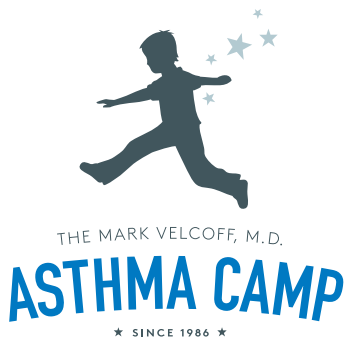
**SELECT ONE**

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 18 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, Salinas Valley Health/Health Promotion Dept., 212 San Jose Street, Suite 101,  
Salinas, CA 93901 Fax: 831-422-1014