

Camper Name: _____

Session(s): _____

IPOC

ASTHMA/RESPIRATORY ILLNESS

Individual Plan of Care

IPOCs are specialized care plans that provide direction to staff on how to prevent and treat campers with medical conditions or disabilities. Please provide as much information as possible on your camper that will help us provide the care needed. Please contact us with any questions or concerns.

Asthma Triggers

Please check off what triggers symptoms:

- Environmental (Dust, mold, mildew, pollen)
- Animals or Pet Dander
- Respiratory Infection (Cold/Flu Virus)
- Weather (high humidity or cold air)
- Exercise
- Odors/Perfumes
- Medications (please list)

- Other (please list)

Asthma Action Plan

Please provide as much detail as possible

What to do for an asthma attack:

Medications:

Prevention Medications
(Include daily inhaled or oral meds)

Treatment Medications
(Include parameters for use)

Does your child self carry? YES NO

Medication Authorization Form Must Document Self Carry by Prescribing MD

ASTHMA HISTORY

Date of Last Attack: _____

Notes on Last Attack:

ADDITIONAL NOTES

SIGNATURES

Parent(s): _____ Date: _____

RN: _____ Date: _____

NA: _____ Date: _____

Staff: _____ Date: _____

Staff: _____ Date: _____