A group of colorful dots

Description automatically generatedText

Description automatically generated with medium confidenceA logo for a camp

Description automatically generatedA cartoon of a child wearing a swimsuit and holding a red float

Description automatically generatedA child and child jumping with their hands up

Description automatically generatedText, letter

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Description automatically generated with medium confidenceA picture containing logo

Description automatically generatedA cartoon of a child in a swimsuit

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Helping Kids Take Control of Their Asthma

1469 Park Ave., San Jose, CA 95126

Phone: (408) 998-5865

Fax: (408) 998-0578

[www.lungsrus.org](http://www.lungsrus.org)

**2024**

Camp Superstuff

Registration Packet

**Sponsors & Partners:**

Dear Parents:

Welcome to Breathe California’s Camp Superstuff 2024! We – the staff and volunteers – are committed to continuing the tradition of excellence that has brought us national recognition for asthma and allergy programs and services. When you enroll your child in Virtual Camp Superstuff, you enroll in a community program that puts their asthma education first. Camp Superstuff is designed for asthmatic children ages 6 to 12 and utilizes trained staff that teaches important techniques on how to manage asthma and allergies, which includes:

* Understanding different aspects of asthma management
* Recognizing asthma/allergy triggers, and warning signs of asthma attacks
* Knowing how/when to take medications
* Learning how to stay active with asthma and allergies

This summer, Breathe California will hold Camp Superstuff as an in-person event. In addition to offering a supportive educational environment, we will also provide children with a variety of activities to take part in like fitness classes (Zumba), arts and crafts, and scavenger hunts. Activities will vary but may include meeting and having fun at youth-oriented amusement centers, bowling, ice skating, or miniature golf, and picnics for participants and their families.

**WHEN:** Monday, July 29th, 2024 – Friday, August 2nd, 2024  
9am-5pm

**WHERE:** Mayfair Community Center  
2039 Kammerer Avenue, San José, CA 95112  
Field Trips: Ice Skating, Picnic, Raging Waters

**COST:** FREE to SCFHP and Valley Health Plan Members.  
Scholarships also available for others who qualify.  
Space limited – Enroll today!

**Instructions for registration:**Please email the completed enrollment form with doctor’s signature and a copy of your child’s insurance card to **Kiran Kaur** at [**kiran@lungsrus.org**](mailto:kiran@lungsrus.org), or return to Breathe California, 1469 Park Avenue, San Jose, CA 95126 by mail or in person.

**Mandatory Parent Orientation:**5:00-8:30 PM, Thursday, July 18th, Mayfair Community Center 2039 Kammerer Ave, San Jose, 95116. You are encouraged to bring your future camper(s). If you haven’t already emailed your completed application and camper insurance information to us, please bring both to the orientation meeting.

For more information, please contact **Kiran Kaur** at **(503)-884-7896** or e-mail at **kiran@lungsrus.org**. You may also visit our website at [www.lungsrus.org/asthma-summer-camp-superstuff](http://www.lungsrus.org/asthma-summer-camp-superstuff) for further camp updates. Space is limited – sign up early!

A cartoon of two boys holding a ball

Description automatically generated

Sincerely,

**Kiran Kaur**

Camp Superstuff Manager

**PLEASE PRINT CLEARLY/ POR FAVOR ESCRIBA EN LETRA DE MOLDE**

**TO BE COMPLETED BY CAMPER'S PARENT OR GUARDIAN**

**PARA SER RELLENADO POR PADRE/MADRE O TUTOR**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CAMPER/CHILD INFORMATION/INFORMACIÓN DEL CAMPISTA/ NIÑO/A** | | | | | |
| Name/Nombre: | | | Date of Birth/Fecha de nacimiento: | | Age/Edad: |
| Sex/Sexo: | Height/Estatura: ft./pies inches/pulgadas | Weight/Peso (in pounds/en libras): | | Grade in the Fall/Grado de escuela en el otoño: | |

|  |  |  |  |
| --- | --- | --- | --- |
| **CHILD'S T-SHIRT SIZE (check one box)**  **TALLA DE CAMISA DEL NIÑO/A (círcule una)** | | | |
| 6-8 (Small/Pequeña): | 10 (Medium/Mediana): | 12 (Large/Grande): | Adult Small/Chica adulta: |
| Adult Medium/Mediana adulta: | Adult Large/Adulta grande: | Adult X-Large/Extra grande adulta: | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FIRST PARENT/GUARDIAN INFORMATION / INFORMACIÓN DEL PRIMER PADRE/GUARDIAN** | | | | | |
| Name/Nombre: | | | | | |
| Home Phone/Teléfono de casa: ( ) | | | Work Phone/Teléfono de trabajo: ( ) | | |
| Mobile Phone/Teléfono celular: ( ) | | | E-mail/Correo electrónico: | | |
| Relationship to Camper/Child / Relación con el campista / niño: | | |
| **SECOND PARENT/GUARDIAN INFORMATION /INFORMACIÓN DEL SEGUNDO PADRE/GUARDIAN** | | | | | |
| Is there a second parent/legal guardian in this household? ¿Hay un segundo padre o tutor legal en este hogar? | | | | | |
| Name/Nombre: | | | | | |
| Relation to camper/child: | | | | | |
| Home Phone/Teléfono de casa: ( ) | | | E-mail/Correo electrónico: | | |
| How did you hear about this camp? ¿Cómo supo de este campamento? | | |
|  | | |
| **PRIMARY HOUSEHOLD INFORMATION/INFORMACION PRINCIPAL DEL HOGAR** | | | | | |
| Home Address/ Dirección de la calle: | Address Line 2/Dirección Línea 2: | | | City/Ciudad: | |
| State/Province / Estado/Provincia: | Zip Code / Código Postal: | | | Country/País: | |
| Child/Camper lives with / El niño / campista vive con:  Child/camper has any siblings? Indicate how many / ¿El niño / campista tiene algún hermano? (Indique cuántos): | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PHYSICIAN/INSURANCE INFORMATION/MÉDICO/ INFORMACIÓN DEL SEGURO MÉDICO** | | | | | |
| Name of Child's Primary Physician/Nombre del médico del niño/a: | | | | | Phone/ Número de teléfono: ( ) |
| Address/Dirección: | City/Ciudad: | | | State/Estado: | Zip Code/Código postal: |
| Name of Child's Asthma Physician/Nombre del “médico de asma” del niño/a: | | | | | Phone/Número de teléfono: ( ) |
| Address/Dirección: | | City/Ciudad: | | State/Estado: | Zip Code/Código postal: |
| Name of Health Insurance Plan/Nombre del seguro médico: | | | Policy or Group #/Número de grupo o número de póliza: | | |

|  |
| --- |
| **ASTHMA HISTORY/HISTORIAL DE ASMA** |
| In the past year, how many times did your child need to: (write the number of times)  En el año pasado, cuántas veces su hijo/a tuvo que: (escriba el número de veces)  1. Stay home from school because of asthma?/ ¿No asistir a la escuela debido al asma? # of times/número de veces:\_\_\_\_\_\_\_\_\_\_\_  2. Be taken to the doctor's office because of asthma? / ¿Tuvo que ver sido llevado al médico por el asma? # of times/número de veces:\_\_\_\_\_\_\_\_\_\_\_  3. Be taken to the emergency due to asthma? / ¿Ver sido llevado a la sala de emergencias por el asma? # of times /número de veces:\_\_\_\_\_\_\_\_\_\_\_  4. Be hospitalized because of asthma? / ¿Tuvo que ser hospitalizado por el asma? # of times/ número de veces:\_\_\_\_\_\_\_\_\_\_\_ |
| Has your child ever been in an intensive care unit for asthma? / ¿Ha estado su hijo/a bajo cuidado intensivo debido al asma?  Yes/Sí |
| How many nights during the week (Sun. through Sat.) does your child wake up because of asthma or coughing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ¿Cuántas noches durante la semana (domingo al sábado) se levanta su hijo/a debido al asma o por toser? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Who is responsible for giving your child asthma medication at home? (circle one)  En el hogar ¿Quién está responsable de administrar los medicamentos de asma a su hijo/a? (marque uno) |
| How much does your child's asthma interfere with exercise? (circle one)  ¿Cuánto interfiere el asma con el ejercicio en su hijo/a,? (marque uno) |

**ADDITIONAL CAMPER INFORMATION/MÁS INFORMACIÓN DEL NIÑO/A**

# Your son/daughter is in for a healthy, fun, and meaningful experience at Camp Superstuff. The following information will assist the staff in making this the best camp for each camper. Please be as specific as possible.

|  |  |
| --- | --- |
| **ASTHMA EDUCATION/EDUCACIÓN DE ASMA** | |
| Has your child attended classes or educational programs about asthma?  ¿Ha asistido su hijo/a a cursos o programas educativos sobre el asma? Yes/Sí | |
| If so, when/Si contestó “sí”, indique cuándo: | Where/Dónde: |

|  |
| --- |
| **PREVIOUS CAMP EXPERIENCES/EXPERIENCIAS PREVIAS DE CAMPAMENTO** |
| Has your child attended a camp before/ ¿Ha asistido su hijo/a a algún campamento antes? |

**PARENT'S AUTHORIZATION FORM**

# In order for children to participate in activities at Camp Superstuff, a parent or guardian is required to complete and sign the application and release form.

# PHOTOGRAPH AND INTERVIEW RELEASE

In order to make Camp Superstuff the best that it can be and to obtain financial and volunteer support, it is necessary to promote Camp Superstuff with videos, photographs, and quotes from campers through print and broadcast media and businesses. We ask that you sign this waiver on behalf of your child, giving Breathe California permission to use video and photographs of and interviews with your child for promotional purposes.

**WAIVER OF CLAIM**

The health history is correct, insofar as I know, and the person described has permission to engage in all prescribed camp activities. Each participant who engages in any camp activity expressly assumes the risk of engaging in and the legal responsibility for injury, loss, or damage to person or property resulting from the risk of camp activities. I and/or my child/ward agree to inform the instructors of any physical, mental, or medical condition that might affect his/her ability to participate or affect other members of my group. I agree to hold Breathe California, Camp Superstuff, its directors, officers, employees, agents and/or associates, and any facilities or employees of facilities where off-site events take place harmless for any accidents, injury, loss of or damage to property that may occur during the camp or during transportation.

**Parent/Guardian Signature** **Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is approved to participate in recreational activities such as swimming or running

*Patient Name*

that are included in the asthma camp curriculum.

**Health Care Provider Signature** **Date**

May also be provided by email, fax, or a telephone call to Kiran at (503)-884-7896