

Camp Michi-MAC

Summer Camp for children with significant asthma entering grades 3 through 10

2010 Application

Child's Name _____ Grade in school 10-11 _____
(next year)

Address _____

City _____ State MI Zip _____

County _____ Phone () _____

Birth Date _____ Male Female

Parent(s) /Guardian(s) Name _____

Father's Occupation _____ work phone () _____

Mother's Occupation _____ work phone () _____

Father's Cell phone? _____ Mother's Cell phone? _____

Email address _____

Grades 3-10 attend June 26-July 2, 2010

**Incomplete applications will not be considered
Please complete all areas.**

Daily Medications	Dose	Times taken per day

Approximately:
 How many years has this child had asthma? _____
 How many school days were missed due to asthma in the past year? _____
 How many times per week does the child awaken at night due to asthma? _____
 How many unscheduled physician office visits in the past 12 months? _____
 How many emergency room visits for asthma in the past 12 months? _____
 How many hospitalizations occurred in the past 12 months for asthma? _____
 Medication allergies _____
 Other allergies _____

IS THERE ANY HISTORY OF THE FOLLOWING?

*YES NO

- ___ ___ Allergic reaction to food
- ___ ___ Allergic reaction to bee/wasp stings
- ___ ___ Anemia
- ___ ___ Loss of consciousness due to asthma
- ___ ___ Attention Deficit Disorder
- ___ ___ Blood borne infectious diseases
- ___ ___ Cancer
- ___ ___ Cerebral Palsy
- ___ ___ Intensive Care admit for asthma
- ___ ___ Cystic Fibrosis
- ___ ___ Diabetes
- ___ ___ Eczema
- ___ ___ Heart problems
- ___ ___ High Blood Pressure
- ___ ___ Prematurity/low birth weight

*YES NO

- ___ ___ Hyperactivity
- ___ ___ Kidney Disease
- ___ ___ Learning Disability
- ___ ___ Migraines
- ___ ___ Mononucleosis
- ___ ___ Obesity
- ___ ___ Oral steroids-past 12 months
- ___ ___ Sleep Disorder
- ___ ___ Spina Bifida
- ___ ___ Stomach disorders
- ___ ___ Chicken Pox
- ___ ___ Positive TB test: when ___
- Other: _____
- _____
- _____

***PLEASE EXPLAIN ALL YES ANSWERS IN THIS SPACE**

Has this child attended an overnight camping program before? _____ If so, when? _____
Camp Michi-MAC? _____ If no, what camp? _____
Were there any problems? _____

How did you hear about Camp Michi-MAC? _____

PRIMARY CARE PHYSICIAN: Who usually takes care of the child? (print clearly)

Name: _____ Address: _____
City: _____ State/Zip: _____
Office phone: () _____ Last visit: _____
Office fax: () _____

ALLERGIST/PULMONOLOGIST:

Name: _____ Address: _____
City: _____ State/Zip: _____
Office phone: () _____ Last visit: _____
Office fax: () _____

Camp Michi-MAC is conducted at YMCA Storer Camps located near Jackson, Michigan.
Transportation is the responsibility of each camper's parent/guardian.

I give Camp Michi-MAC permission to obtain medical information, as necessary, from the above named physicians (s) active in the care of my child. I also attest to the fact that the enclosed information is accurate and correct. I understand that failure to disclose my child's complete medical history could result in Camp Michi-MAC's refusal to admit my child to the camp program as late as the day camp begins, should my child be accepted.

Name (please print): _____

Signature: _____

Date: _____ Relationship to child: _____

Some "Camperships" to cover the costs of Camp Michi-MAC will be granted based on available funds. Families who are able are encouraged to pay for the cost of camp (\$500) to insure the future viability of Camp Michi-MAC. Applicants are accepted based on severity of illness, past participation and available funding. Preference is given to those who have not attended Camp Michi-MAC in the past.

If my child is accepted to Camp Michi-MAC I can pay (please check one)

\$500 \$400 \$300 \$200 \$100

I cannot donate the minimum amount of \$100. Please send information regarding financial assistance if my child is accepted to Camp Michi-MAC. Applications for financial assistance will require documentation which will substantiate inability to pay the minimum contribution of \$100.

MAIL TO:

**CAMP MICHI-MAC
39136 CANTERBURY DR.
HARRISON TWP., MI 48045
Phone: 586-465-0163
Toll Free: 1-866-MICHI-MAC
Fax: 586-493-9879**

Attn: Mary Hagen, R.N.

Or E-mail questions, etc. to:

Asthmacamp@hotmail.com

DEADLINE FOR APPLICATIONS IS MARCH 15, 2010

Acceptance letters will be mailed by April 1, 2010.

Applications will continue to be accepted after the deadline, but campers will be accepted only as spaces become available due to cancellations or illness.

Please submit application prior to calling the camp office to inquire about availability.

******DO NOT SEND MONEY WITH THIS APPLICATION******