CONGRATULATIONS! Your child has been accepted to asthma camp!

Please note the following dates and materials, as you continue to prepare for camp.

☐ Camp Session/Dates ____________ Insert Camp Dates ____________

☐ Family Orientation/Open House __________ Insert Date, Time and Location __________

☐ Medication for Camp DUE ON OR BEFORE __________ Insert Date and Location __________

☐ Check-in on Opening Day __________ Insert Start Time __________ until __________ Insert End Time __________ on __________ Date __________

This can be a lengthy and detailed process. Plan to spend at least 2-hours getting your camper settled. Please remember to bring a Medication Change form to registration along with the new medication in correctly labeled containers if there have been any changes from the medication listed in your registration materials.

☐ Closing Program __________ Insert Date, Time and Location __________

☐ Check-out __________ Insert Start Time __________ until __________ Insert End Time __________ on __________ Date __________

PLEASE READ THE ENCLOSED PARENT HANDBOOK CAREFULLY. IT WILL ANSWER MANY QUESTIONS YOU AND YOUR CHILD MAY HAVE AS YOU PREPARE FOR CAMP.

SEE YOU AT CAMP!