

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!