



Girl Scouts of Greater Atlanta, Inc.  
**Resident and Day Camp Asthma Action Plan**

**Girl Scouts®**

To the Parents/Guardians of:

\_\_\_\_\_  
Camper's Name

\_\_\_\_\_  
Camp

\_\_\_\_\_  
Session Date

**If your camper experiences asthma episodes, please fill out the following form. Since this is a serious and potentially life-threatening condition, the camp needs information to insure the correct reaction is taken during an asthma episode.**

Please describe the nature, approximate frequency and severity of the episodes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Peak Flow:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Triggers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Steps for an acute asthma episode** (as recommended by physician):

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_