

Summer Camp For Children and Youth with Diabetes

Camp Hopewell

**Camper Application**

I want to sign my child up for:

Session 1   
 Session 2

Financial Need (circle one): Y N  
 If **yes**, a form will be sent to you.

**Camper Name** \_\_\_\_\_ Name for name tag: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 School grade (completed) \_\_\_\_\_ Camper's SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Email address \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone Number (Home) \_\_\_\_\_ Work Number \_\_\_\_\_  
 Cell Number \_\_\_\_\_

What is the preferred method for contacting you?

Name of Doctor \_\_\_\_\_ Doctor's phone \_\_\_\_\_  
 Medical Insurance Carrier \_\_\_\_\_ Policy Group # \_\_\_\_\_

**Emergency Contact Information**

Name	Relationship	Phone number(s)
1. _____	_____	_____
2. _____	_____	_____

**Medical Information**

At what age was diabetes diagnosed? \_\_\_\_\_

What skills does your child need to work on during camp? (*circle all that apply*)

Blood sugar checks      Withdrawing insulin      Pump set changes      Recognizing reaction  
 Injections                  CHO counting                  other \_\_\_\_\_

How many hospitalizations this year? \_\_\_\_\_ Reason(s) \_\_\_\_\_

Last HgbA1c level \_\_\_\_\_

Does your child have any of the following? (*circle all that apply*)

Frequent sore throats	Convulsions	Allergy to bee stings	List all drug allergies _____ _____ _____
Frequent earaches	Constipation	Allergy to Penicillin	
Sinusitis	Fainting	Allergy to Poison Ivy	
Stomach problems	Other food or environmental allergies:		
Heart trouble	_____		

**Skip this section if your child is on an insulin pump.**

**Insulin schedule for campers on injections**

Please give type and dose of Insulin (example Humulin R/N 8/12)

Time	Insulin Type	Insulin Dose
Breakfast		
Lunch		
Supper		
Bedtime		

**Your child will be provided a meter, strips, syringes, and insulin while at camp.**

**Skip this section if your child takes insulin by injection**

**Insulin information for campers on Pumps**

**Please provide 6 set changes. Place supplies in a plastic bag labeled with the child's name. Give to the camp nurse at registration**

Pump type \_\_\_\_\_ Insulin type(circle) Humalog \_\_\_\_\_ Novolog \_\_\_\_\_

Insulin basal rate \_\_\_\_\_

Set type \_\_\_\_\_

Insulin sensitivity ratio: 1 unit of insulin reduces BG by \_\_\_\_\_ mg/dl.

CHO ratio  1:10  1:15  1:20  other \_\_\_\_\_  don't know

Please list additional medications other than insulin that will need to be given at camp. Please bring a labeled bottle with the exact number of pills for each camp day. A Registered Nurse will administer each medication.

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

**Diet**

What type of diet is your child using?  Exchange  Carbohydrate Counting  Calories  
 Other \_\_\_\_\_

**Does your child have any food allergies?** \_\_\_\_\_

Does your child have any specific *strong* food dislikes? \_\_\_\_\_

**Family History**

Child living with both parents

One parent

Blended home

Living with guardian

Number of siblings \_\_\_\_\_

Has your child ever been away from the family before  Yes  No Length of time? \_\_\_\_\_

Have you talked to your child on how to handle homesickness? \_\_\_\_\_

How many times has your child attended Camp Hopewell? \_\_\_\_\_

**Exercise**

Does your child participate in school sports?

Does your child participate in an exercise activity outside of school?

How would you rate the level of physical activity of your child (in the past 30 days)?

\_\_\_\_\_ Fairly inactive

\_\_\_\_\_ Some exercise at least once a week

\_\_\_\_\_ In an exercise activity daily

\_\_\_\_\_ Participates in an intensive exercise program

**Behavior**

What misgivings or fears does your child have about going to camp?

Does your child have any behavior problems the camp staff needs to know about?

What does your child expect to gain from camp?

What would you like for your child to gain from camp?

I wish to enroll my child for the one week at Camp Hopewell. I hereby grant permission for participation in all camp activities except as specified by our physician. I give permission for the camp physician to supervise the medical care of my child and if necessary provide emergency treatment and/or supervise hospitalization.

I hereby consent to the use of photographs, films, video tapes and any other telecommunication or print mediums in which my child appears to be used for educational, publicity or advertising by the Camp Hopewell Summer Camp for Children and Youth with Diabetes.

I have provided you with emergency contact names and numbers.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_