

Summer Camp For Children and Youth with Diabetes
Camp Hopewell
Camper Application

I want to sign my child up for:
Session 1

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 _____. May we use this email address to contact your child? Y N

Parent's Name _____ Phone Number (Home) _____
Cell Number _____ Work Number _____

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	_____		

Insulin schedule for campers on injections (if your child is on a pump, skip this section)
Please give name 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.

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 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. The health manager 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? _____

How many years has your child attended camp (not including this year) _____

Have you talked to your child on how to handle homesickness? _____

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 _____