



ADA Diabetes Camp Application –2009



ALASKA DIABETES CAMP
July 12– 17, 2009
At Camp Kushtaka, a Camp Fire USA,
ACA- accredited facility in Cooper Landing, AK

Dear Parent:

Thank you for your interest in diabetes camp. The American Diabetes Association (ADA) is pleased to offer this experience for children with diabetes. Our hope is that each child will learn how to better control their diabetes- and have a fun, exciting, and educational week at ADA's Alaska Diabetes Camp!

In addition to traditional summer camp activities (water activities, arts and crafts, hiking, games, etc.) medical staff from The Children's Hospital at Providence will provide daily diabetes education and medical supervision. ADA's diabetes camp will have a doctor, nurses and a dietician on staff to provide medical supervision 24 hours a day. The camp director and counseling staff are professional and experienced. ADA's diabetes camp is a safe environment for your child to learn to manage their diabetes, while exploring and participating in normal summer camp activities.

Please note that campers are considered for acceptance upon receipt of their completed application, on a first-come, first-serve basis. The ADA pays over \$900.00 per camper to attend. With individual and group donations, you are charged a reduced fee of \$350.00 per camper. If your family is experiencing financial difficulties please fill out the financial aid form and return it with a copy of your most recent 1040. You may qualify for financial assistance.

Siblings and friends are invited to apply for camp. The fee is \$400.00 and no scholarships will be available. You will need to fill out a separate application form for each child. Please remember that space is limited and children with diabetes will have preference.

APPLICATION DEADLINE – All paperwork and payments must be received by 12 noon on Friday, June 26th, 2009. Mail or drop off the completed application to:

**ADA's Alaska Diabetes Camp
801 W. Fireweed Lane, Suite 103
Anchorage, AK 99503**

Please include full payment of \$400.00 (or \$350 if you have already made your \$50 deposit) per camper when returning this application. The American Diabetes Association accepts checks and most credit cards. If you have any questions please call the American Diabetes Association at 272-1424 or 1-888-DIABETES (1-888-342-2383). You may also email me at sfelix@diabetes.org

We are very happy to be able to combine the efforts and staff of the American Diabetes Association, Children's Hospital at Providence and Camp Fire USA Alaska Council to bring ADA's Alaska Diabetes Camp to you. This will be a wonderful experience for your child. I am looking forward to receiving your application.

Sincerely,

Stephanie Felix

Program Manager, Alaska Area
American Diabetes Association



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Dear Campers & Families:

Below are guidelines the medical staff uses during camp.

Insulin & Meters

Campers will be provided both insulin and syringes. Parents are asked to be as specific as possible when filling out the child's health history and diabetes health forms as to brand and type of insulin used. Do not bring your child's insulin, syringes, meter, strips or lancing device to camp. Those who are car pooling and traveling via air should bring these supplies for the trip to and from camp. These supplies will be kept in the infirmary during camp and returned at the time of departure.

Pumps

Due to increase activity those children wearing a pump should bring twice the amount of supplies used in a regular week. Please remember to pack spare batteries as well.

Oral Medications for Type 2 Diabetes

These are not provided at camp. If bringing this or other medication, keep in original prescription container with instructions for administration.

Adjustments

Daily adjustments in insulin may be necessary to compensate for increased exercise and possible low blood sugar or illness. Campers will be asked to participate in deciding their insulin doses. However, the ultimate decision for an insulin dose will be at the discretion of the medical staff.

Typically, the insulin doses need to be decreased at camp due to higher activity levels. This decrease in insulin is often necessary to prevent severe hypoglycemia. Occasionally, insulin doses remain the same or are increased due to high blood sugar. "Perfect" blood sugar control is not the goal of diabetes care at camp. Every effort will be made to provide safe diabetes care at camp and most importantly to prevent severe low or high blood sugars.

Monitoring

ALL campers, before meals and evening snack, will do blood glucose testing. Additional blood sugars will be done any time a camper is complaining of "feeling low or high", is exhibiting symptoms of low or high blood sugar, or at the discretion of the medical staff.

Records

Please complete the enclosed "Blood Glucose Testing Record of the Week Prior to Camp". You and/or your child should bring the completed form to camp check-in and presented to the medical staff during check in. Records showing the child's insulin changes in response to blood sugar levels during the week of camp will be sent home with the camper for their parent's records.

We are looking forward to seeing you in June. If parents have questions concerning your child's diabetes care during camp, contact Linda Lau, RN, CDE, CPNP at 261-4824.

Sincerely,

Alaska Diabetes Camp Medical Staff



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ADA's 2009 CAMP KUSHTAKA PARENT GUIDE



Dear Families:

We are so glad that you are considering ADA's Alaska Diabetes Camp summer! ADA contracts with Camp Fire USA to utilize their facility, Camp Kushtaka, for Alaska Diabetes Camp. Please read the following information carefully. This packet was created by Camp Fire USA and will answer many of your questions about the Camp Kushtaka facility and procedures.

This year's session will begin Sunday, July 12, 2009. Camp check-in begins at 11:00 AM at the Camp Fire offices and the bus leaves for Camp Kushtaka at 1:00 PM (estimated time of arrival at camp is 3:00 PM). **Campers should have lunch prior to boarding the bus.** A snack will be provided at the halfway point to camp.

Camp ends on Friday, July 17, 2009. The bus will return to the Camp Fire offices at approximately 3:30 PM. Parents are asked to be at the Camp Fire offices by 3:00 PM to check out with the nurse and retrieve their camper's belongings.

Should you have further questions, please contact Stephanie at 272.1424 or Theresa at 279.3551.

Warm regards,

Stephanie Felix, Program Manager, American Diabetes Association
Theresa Serr-Burek, Camping Program Director, Camp Fire USA Alaska Council





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COMMUNICATION

Telephone communication from camp is made with a Satellite phone. This phone is used for daily communication with the Anchorage office, and for emergencies. The Camp Director or Camp Nurse will call you if there is any need for concern regarding your child's health or well being. If there is an emergency at home here's how to reach us:

- 1) ADA Office, Monday- Friday, 8:30AM to 5PM:
272-1424 or 888-342-2383

Stephanie Felix, ADA Program Manager
Cell: 947-0077

Michelle Cassano, ADA Executive Director
Home: 337-0186 Cell: 351-5468

- 2) Camp Fire Office, Monday- Friday, 7AM to 6PM:
279-3551 or 800-478-3550

Theresa Serr-Burek, Camping Program Director
Home: 495-5310 Cell: 863-5310

- 3) Should either of the above prove unsuccessful:
Call the Alaska State Troopers at 262-4453

Please note that your child will not have general access to a phone, and non-emergency phone use will not be available.



Do send letters to your child while they are at camp, and send pre-addressed and stamped envelopes with them so that they can share their day's adventures with their family back home!

Address mail to your camper like this:

Camper name
c/o Camp Fire USA Alaska Council
Post Office Box 689
Cooper Landing, AK 99572

Parents should mail letters a few days prior to the session starting to make sure a letter arrives while their camper is at camp.

OUR STAFF

Camp Kushtaka counselors are young adults (18 years or older) who are hired for their interest, ability and commitment to working with children in the out of doors. Thorough interviews, reference and background checks are completed to ensure that potential staff are not only excited about spending their summer with your camper, but are qualified to do so.



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Over 60 hours of on-site pre-camp training and orientation prepare our staff to provide your child with a safe, fun and challenging camp adventure. Staff who are responsible for specialized program areas such as aquatics or off camp excursions also have current additional certifications and training pertaining to their activities. All camp staff operate under current 1st aid and CPR certifications. Our staff are not allowed to accept monetary gratuities. A thank you note is always welcome and appreciated.



HEALTH CARE AND EMERGENCIES

Health information will be verified at check- in on Sunday! The Providence nurse will review your camper's health history and collect any medications that you are sending with your camper. All medications (prescription and over-the-counter) that you send with your child, including vitamins, cough drops, etc.- must be in original or prescription containers with instructions for administration. Medications will be stored in the Health Cabin at camp. Please put all medication bottles in a zip lock bag and mark with camper's name.

The Health Cabin includes a standard set of treatments and over-the-counter medications to treat a variety of childhood complaints and simple illnesses. These medications include: Tylenol, ibuprofen, cough syrup, anti-diarrheal, antacid, decongestant, antihistamine tablets and lotions, anti-fungal powder, antibacterial ointment, sunscreen, rubbing alcohol, hydrogen peroxide, witch hazel, burn ointment and Epsom salts. If you do not wish your child to be given any of these medications, please include a note to the Camp Director listing the medications not to be administered. If your child does not feel well, or if a medical need arises, the Camp Director or Camp Nurse will notify you immediately. Emergency medical care is available in Cooper Landing, and the nearest hospital is located in Soldotna.

Campers will be provided insulin, syringes, lancing devices, meters and strips for camp. Campers who are departing from Anchorage on the bus do not need to bring their supplies to camp. Those traveling by car to camp, or those who are flying into Anchorage from outlying communities should bring their supplies for use during the trip. These supplies will be kept in the Health Cabin and returned to campers at the time of departure. Supplies will not be provided for campers who utilize a pump. Due to increased physical activity, campers wearing a pump should bring twice the amount of normal supplies for camp.

In the unlikely event that a camp evacuation is necessary due to natural or other emergency occurrences, water and/or land transport of all campers and staff is provided through local businesses via vans and boats.

BEHAVIOR POLICY

We expect behaviors that are respectful to other campers, staff and the environment. Bullying, pranks and practical jokes are not allowed at camp. Counselors are trained to help campers work out conflicts in peaceful and cooperative ways. In the event that a camper is not able to follow specific rules and/or behavior guidelines, they may be dismissed from camp. We have a no-tolerance policy for physical violence, threats of physical violence, use of cigarettes, alcohol, illegal drugs, and sexual activity. Please talk to your camper about this policy before they attend camp. There is no refund for early dismissal from camp. Parents will be responsible to arrange for transportation from the camp with all related expenses.



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FOOD AND MEALS

Healthy, kid- friendly food will be served in our dining lodge. Vegetarian options are available at each meal. If your child has special dietary needs, please put this information on the health history form. Breakfast, lunch and dinner are served daily, plus snacks. Please do not send food to camp unless it is for a specific dietary need that you have discussed with the Camp Director.



CABINS AND CAMP PROGRAM

Campers are assigned to a counselor and group of 7 other campers based on age and gender. Cabins house two of these counselor groups, plus additional adult staff. We have cabins for girls and cabins for boys. The cabins have bunk beds with mattresses; pillows and warm bedding will need to be brought from home. A flashlight will help your child navigate semi-dark cabins at night, as well as to provide light to those who enjoy reading at bed time.

Toilets are pit style latrines with attached wash stands for hand and face washing and tooth brushing. Campers must wash their hands after each visit to the latrines, and are encouraged to brush their teeth and wash their face at least twice a day. There is a shower house with private, hot water showers.

The ADA's Alaska Diabetes Camp session maintains a low camper to staff ratio, ensuring that each camper feels comfortable and known in their group while also helping each child set and reach personal goals throughout the week. Up to 8 campers are assigned to each counselor, and this "home group" lives together in a dorm style cabin with another home group. Each home group eats meals together and plans and participates in camp activities as a small group. There will also be opportunities for campers to make individual activity choices, leaving the home group to explore and meet new camp friends under the careful guidance of camp staff.

Special activities included in this session include target sports such as riflery and archery, kayaking, day hiking and special activities and events as planned by the campers and their staff. Other activities include swimming and sauna, arts and crafts, nature awareness, outdoor living skills, cooperative games, special guests and all camp activities. Campers will plan a tent camping overnight in or around camp with their home group. This is a great opportunity for campers to learn minimum impact camping skills; working together as a team to put up and take down their camp site, and to plan and prepare their meals.



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GENERAL DAILY SCHEDULE

What's a typical day at camp like? Camp Kushtaka has a program schedule that provides consistency and structure to the residential experience. A typical day includes:

7:00	Good Morning! Rise and Shine
7:45	Hoppers to Lodge
8:00	Breakfast
9-9:30	Community Jobs and Ready for the Day
9:30-12:15	Cabin group activities (boating, crafts, nature...)
12:15	Lunch
1-2:00	Cabin quiet time
2:15-4 p.m.	Cabin group or small group activities (swimming, archery, riflery)
4:00-5 p.m.	Campers' choice activities
5:00-5:30	Free Time
5:45	Hoppers to Lodge
6-7:15	Dinner, Songs, Announcements
7:15-8:30	Evening Activity
8:30	Quiet Time - Gather as a Group
9:00 p.m.	Ready for Bed
10 p.m.	All Quiet



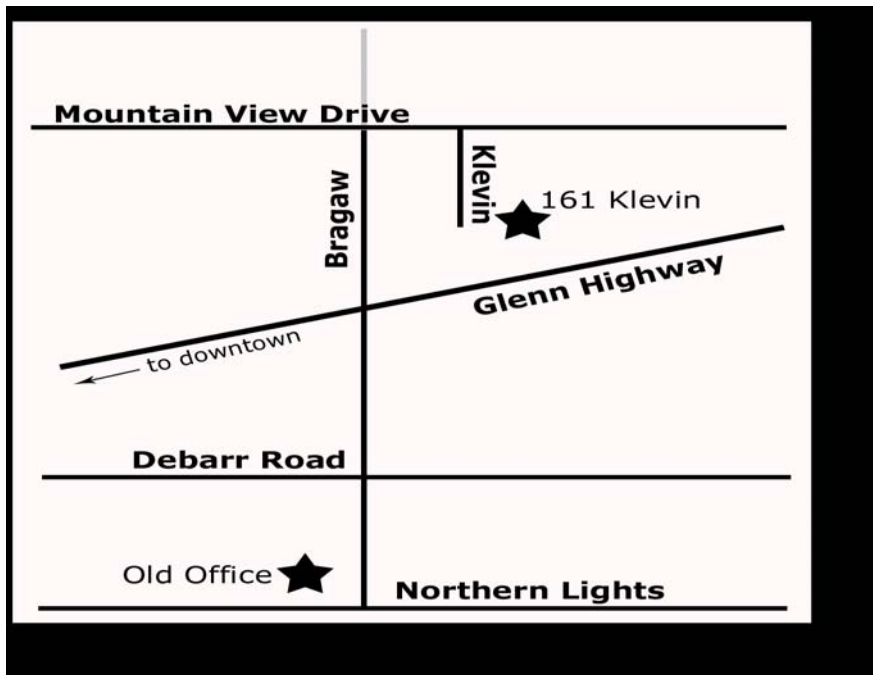
TRANSPORTATION AND CHECK- IN PROCEDURES

If traveling on the bus to camp, you will need to check your child in with the camp staff at the Camp Fire offices at 161 Klevin Street, Anchorage, 99508. If you are providing your own transportation to camp, you will need to check in with the camp staff upon arrival at camp.

- Make sure that your camper's luggage is labeled, and there are no loose items (pillows and blankets should be packed in a bag).
- Check-in with medical personnel for review of health history. When all of the campers have been checked in, the camp staff will check the children onto the bus. You must remain with and be responsible for your child until they have been checked onto the bus.
- The bus will leave the Camp Fire office in Anchorage at 1:00 PM on Sunday, July 12, 2009.
- The bus will return to the Camp Fire office in Anchorage at approximately 3:30 PM on Friday, July 17, 2009 barring any traffic and/or construction delays.



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Please review the following behavior expectations for the bus trip with your child:

- 1) Remain seated at all times with hands, arms and legs inside the vehicle.
- 2) Keep noise at a minimum so as not to distract the driver—use indoor voices.
No airborne objects or other disruptive behavior.
- 3) Passengers should enter and leave the vehicle under the direction of a staff member. If the vehicle makes an emergency stop, passengers should follow directions of staff member and use the buddy system if leaving the vehicle.

On returning day, parent/guardian should plan to arrive at the **Camp Fire Office by 3:00** PM to collect luggage before the bus arrives. All reasonable attempts are made to keep the transportation to and from camp timely. If the bus will be delayed due to traffic or other unforeseen events, the anticipated arrival time will be posted at the Camp Fire office in Anchorage. Whomever will be picking up the camper will need to have a photo ID card with them. Anyone other than the parent or guardian picking up **MUST** have **WRITTEN** permission from parent/guardian and will be asked to show a photo ID.

PRIVATE TRANSPORTATION/LEAVING CAMP EARLY/VISITING CAMP

If you have indicated on your registration form that you are going to camp on your own (not on the Camp Fire bus), we will not expect you at the bus stop. You should plan to arrive at camp about 11:00 a.m. on your first day and be picked up at camp on the last day of the session at about 3:00 p.m. A map to camp is enclosed. If your camper needs to leave camp early for any reason, arrangements need to be made with the Camp Fire office or Camp Director at camp.

If you would like to visit camp with your child before their time at camp, you may wish to consider attending Camp Fire's work weekend on May 17th. To visit camp at other times, please contact the Camp Fire USA office in Anchorage to make an appointment. Any visitor to camp must check in with the Camp Director upon arrival. For the



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safety of our campers and staff, Camp Kushtaka is a closed campus, and all visits during sessions must be scheduled and approved by the Camp Director.

No personal vehicles are allowed in main camp. Please park vehicles in the parking lot adjacent to the camp entrance. Campers providing their own transportation to and from camp will not be allowed to use their vehicle after they have been checked into camp until they are checked out of camp at the end of the session.



GEAR AND PACKING FOR CAMP

A list of what to bring is attached. Please let your child help pack so they know what is in their bags. Campers carry their own luggage (with help) to their cabins, packing lightly is a plus! Campers who choose to use personal belongings and supplies will do so at their own risk. Storage and safe-keeping of personal equipment is the responsibility of the owner of the equipment. All personal equipment used within the program must meet the program standards and requirements for safety and condition.



LOST & FOUND:

Lost and Found items are brought to the Camp Fire office after each camp session. Parents can come to the office to identify any items that their child may have left behind at camp. All Lost & Found items will be held two weeks after the session ends. Items not picked up by that date will be donated to a charitable organization.



NOTE TO PARENTS

Going to camp is a most memorable summer experience for children. Sometimes the challenge of being away from home for a week or longer can be overwhelming for a camper and their families. If you have any concerns please feel free to discuss them with Theresa ahead of time or even after your child has returned home. Camp Fire USA is happy to be your partner in providing a safe and memorable summer for your child!



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REQUIRED PACKING LIST
CAMP KUSHTAKA
CAMP FIRE USA ALASKA COUNCIL

~~~~remember to mark everything with your name!~~~~

All medications (prescription & over-the counter) including vitamins, cough drops, etc. - must be in original container with instructions for administration. Medications will be stored in the health cabin while you are at camp. Put all of your medications in a zip lock bag and mark with camper name.

CLOTHING:

- 1 pr. of water shoes or old tennis shoes for swimming
- 2 pairs shoes: tennis/sturdy. no sandals
- Socks: 2 pair for each day
- Underwear: 1 for each day
- Pajamas, sweat pants, or long underwear
- Jeans or long pants (1 pr. for each 2 days)
- 1-2 pair shorts (depends on weather & length of stay)
- Shirts (1 for each 2 days)
- Fleece jacket, sweater or wool shirt

BEDDING AND LINENS:

- Sleeping Bag
- Pillow with case
- Extra Blanket
- Bath towels (1 for swimming, 1 for shower)
- Wash cloth for showering
- Laundry Bag - A large, sturdy one with your name on it

PERSONAL ARTICLES:

- Water bottle, 1 liter
- Soap in soap container
- Toothbrush/toothpaste
- Comb/brush, shampoo
- Flashlight
- Lip protection
- Sunglasses, sunscreen and sun hat
- Camera, case (optional)

Please use this form to check off items as you pack. Bring it with you to use when packing to go home.

Additional Important Gear

- Day pack (optional)
- WARM JACKET
- Backpack (optional)
- Swim Suit (don't forget water shoes)
- Pens, pencils, stationery, envelopes
- Rain jacket, rain pants and rain boots
- Binoculars (optional)

DO NOT BRING: Pets, blow dryers, curling irons, cell phones, electronic games, music players, matches, lighters, weapons, fireworks, alcohol, cigarettes, illegal drugs or negative attitudes.



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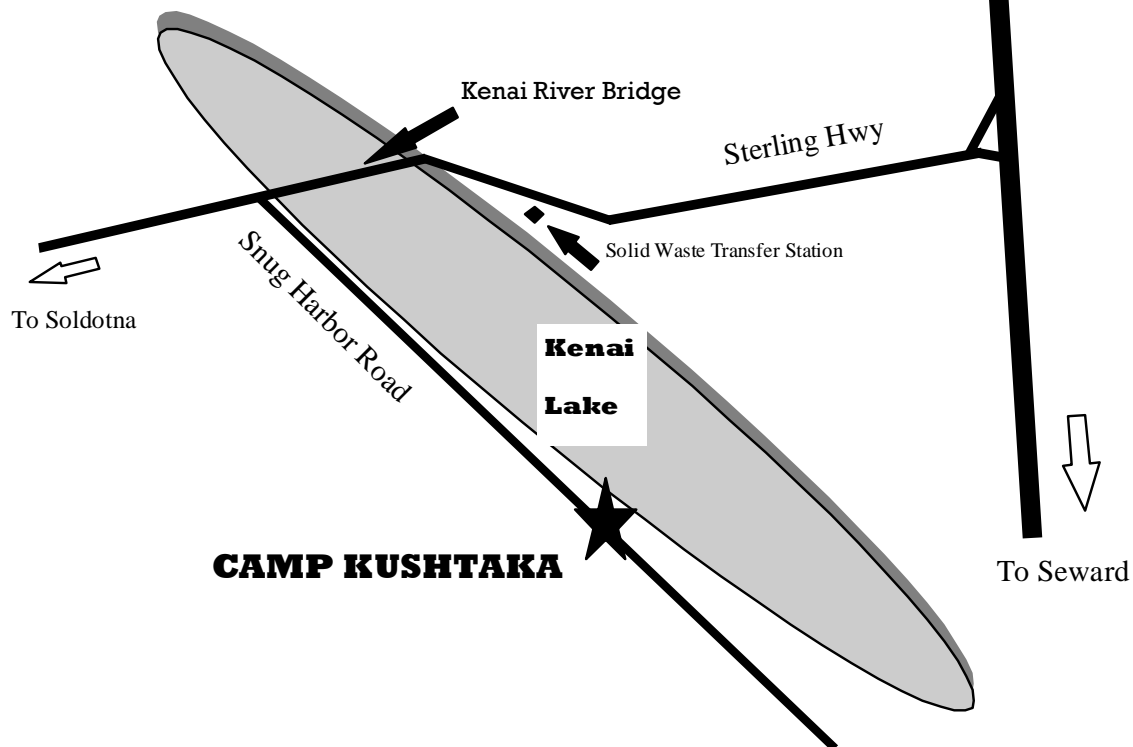


**CAMP FIRE BOYS AND GIRLS**

**CAMP KUSHTAKA  
MAP \*AND DIRECTIONS**

\*Map is not to scale

**Camp Fire USA Alaska Council**



### DIRECTIONS FROM ANCHORAGE:

Seward Hwy. 1 South  
RIGHT onto Sterling Hwy toward Soldotna and Homer  
Cross the Kenai River Bridge at Cooper Landing  
Immediately after the bridge turn  
LEFT onto Snug Harbor Road  
Approximately 4 miles to Camp Kushtaka entrance on the left.  
Parking Area is on the right



## ADA Diabetes Camp Application –2009



Alaska Council  
Outdoor Programs  
Release of Liability/Hold Harmless Form

I, the parent/legal guardian of \_\_\_\_\_, understand that my child will be participating in activities that have inherent risks and may need transportation to and from camp and to and from camp activities. I understand that activities and travel may include risk of injury. I understand that these risks include, but are not limited to, death and severe bodily injury. I also understand that these risks could lead to serious impairment of my child's future ability to earn a living, engage in business, and generally enjoy life. Because of the dangers involved, I understand the importance of any and all instructions for program activities and the use of safety belts, not distracting the driver, no standing up or excessive behavior and any other driver-imposed rules, and agree to instruct my child to obey all instructions given.

In consideration for allowing the participation of my child, I hereby assume all the risks associated with program and travel and agree to hold Camp Fire USA Alaska Council and its volunteers, employees, or agents harmless from any and all liability, causes of action, deaths, claims, or demands of any nature which may arise in connection with my child's travel to, from and during camp or its activities.

In addition, it is understood that Camp Fire USA Alaska Council attempts to provide adequate supervision, but that due to the nature of camp, there may be times when my child has minimum supervision. My child has permission to engage in all camp activities except as noted by the physician or parent/guardian.

In consideration for my child being allowed to attend camp, I shall indemnify and hold harmless Camp Fire USA Alaska Council and its employees, volunteers, or agents from and against any losses, costs, damages, expenses, including attorney's fees arising out of or resulting from claims or suits, by or on the behalf of any persons, for any injury to my child, including death, or for any damages to my child's property occurring during the course of my child's participation while at camp alleged or claimed to have been caused, in whole or in part, or contributed to, by any act or omission of any of the indemnities identified herein. The terms of this agreement serve as a release.

In signing this form, I certify my understanding of this form and agree to instruct my child to abide by all of the instructions given to my child by Camp Fire USA Alaska Council volunteers, employees, or agents during my child's stay at camp.

I, as the parent/legal guardian, have read this Release of Liability and Hold Harmless Agreement and understand its terms. I understand that camp may involve many risks, including, but not limited to those outlined above. I understand that this is a release of liability.

In consideration for Camp Fire USA Alaska Council's employees transporting my child to and from Anchorage and to and from activities and my child attending camp, I hereby agree to hold them their employees, volunteers, and agents harmless from any liability which may arise in connection with the transportation and supervision of my child while at camp.

The terms hereof serve as a release and assumptions of risk for me, my child, my heirs, and my estate, and for all members of our family.

THIS IS A RELEASE OF LIABILITY

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



# ADA Diabetes Camp Application –2009



**American Diabetes Association**

**Camp Kushtaka Pick-Up Authorization Forms**

(If parent/guardian is not able to pick up camper on return from camp)

**Dear Parent/Guardian:**

**Camper pick up is on Friday, June 13, 2008. Please arrive by 2:00 PM.**

A departure interview with the medical and camp staff will be conducted.

If you are unable to personally pick up your child,

1. Please complete, sign and date this half of the authorization form.
2. Have the person who is picking up your child bring this half with him or her.
3. Have the person bring a picture identity card (driver's license) with him or her.

These steps are for the protection of your child. Thank you for your cooperation in this matter.

I am unable to pick up \_\_\_\_\_ from Camp on Friday, June 13, 2008 and

therefore I am authorizing \_\_\_\_\_ to pick up my child at checkout time. Should there be any questions regarding my child's departure from Camp, I

can be reached at the following number(s) on that day: \_\_\_\_\_ or

\_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

◆ — — — — — CUT HERE — — — — — ◆

**Dear Parent/Guardian:**

**Camper pick up is on Friday, June 13, 2008. Please arrive by 2:00 PM.**

A departure interview with the medical and camp staff will be conducted.

If you are unable to personally pick up your child,

1. Please complete, sign and date this half of the authorization form.
2. Mail this half with other camp forms or bring it with you on Sunday, June 8, 2008.

These steps are for the protection of your child. Thank you for your cooperation in this matter.

I am unable to pick up \_\_\_\_\_ from Camp on Friday, June 13, 2008

and therefore I am authorizing \_\_\_\_\_ to pick up my child at checkout time.

Should there be any questions regarding my child's departure from Camp, I can be

reached at the following number(s) on that day: \_\_\_\_\_ or

\_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**ADA Diabetes Camp Application –2009**  
**AMERICAN DIABETES ASSOCIATION *Alaska Diabetes Camp***  
**FINANCIAL ASSISTANCE APPLICATION**

This application must be completed in its entirety.  
**Please attach a copy of your most recent 1040, 1040-A or EZ tax form.**

Mail all information to:  
 American Diabetes Association  
**801 W Fireweed Ln #103**  
**Anchorage, AK 99503**

Print all information

NAME OF CAMPER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE \_\_\_\_\_

DATE DIAGNOSED \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NUMBER OF YEARS CHILD HAS ATTENDED CAMP: \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_

ADDRESS (if different than camper) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_

ADDRESS (if different than camper) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

**Please attach a copy of your 1040, 1040-A or EZ tax form.**



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Are there any extenuating or special circumstances that you would like considered when your application is reviewed?

List other persons living in your household for whom you provide financial support but do not claim on your taxes.

| NAME  | RELATIONSHIP TO CAMPER | AGE   | STATUS – please circle |         |       |
|-------|------------------------|-------|------------------------|---------|-------|
| _____ | _____                  | _____ | Employed               | Student | Other |
| _____ | _____                  | _____ | Employed               | Student | Other |
| _____ | _____                  | _____ | Employed               | Student | Other |
| _____ | _____                  | _____ | Employed               | Student | Other |
| _____ | _____                  | _____ | Employed               | Student | Other |

**PLEASE NOTE:** This application is not a camp registration form to attend camp. This is to request financial assistance only.

HAVE YOU SUBMITTED A CAMP APPLICATION FOR THE ABOVE CAMP?  
YES            NO

**\*Note:** You must be registered to apply for financial assistance.

PLEASE STATE THE AMOUNT YOU ARE ABLE TO PAY TOWARDS THE CAMP REGISTRATION FEE:  
\$ \_\_\_\_\_

You will be notified by your American Diabetes Association as to your request for financial assistance and any amount awarded.

Please attach a copy of your most recent *1040, 1040-A or EZ tax form.*



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### **Camper/Parent Behavior Contract Concerning Rules & Expectations at Camp**

I will stay on the property during the camping session.

I will not intentionally injure or endanger myself or any other person either physically or emotionally. This includes keeping my blood sugar extremely high or low on purpose.

I will respect the environment, Camp, property of Camp and personal property of others. If I do not, my family will be responsible for damages caused.

I will not use bad / inappropriate language.

I will not engage in any sexual contact or use language of a sexual nature

I will not use tobacco products, drugs, alcohol, or weapons.

I will demonstrate respect for staff and fellow campers at all times.

I will not engage in teasing, harassment or ethnic /racial /religious/political slander of any person or group.

If I am with someone who is breaking one of the above rules, I can also be dismissed.

If I do not follow these rules, I

- 1) Can be promptly dismissed from Camp.
- 2) Must have parent/guardian come to Camp to pick me up.
- 3) Forfeit all Camp fees.
- 4) Risk losing the privilege of returning to Camp in the future.

I have read and understand the rules and will help enforce them. In addition, I have read and explained the Camp rules to my child and believe that he/she understands them. I agree to pick my child up from Camp if he/she breaks this contract.

I will treat all campers and staff during and after Camp with respect. This means that I will not participate in any phone, online, email, instant messaging or text messaging of a threatening, bullying or inappropriate nature. If I do, I may not be allowed to attend Camp.

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Return to: **Stephanie Felix**  
**American Diabetes Association**  
**801 W Fireweed Ln #103**  
**Anchorage, AK 99503**



# ADA Diabetes Camp Application –2009



## Camper Medical Form / Health Evaluation

**To be completed by camper's diabetes health care provider**

Dear Doctor:

Your cooperation in supplying the following information about an applicant for Alaska Diabetes Camp will be greatly appreciated. **The child will not be accepted at Camp without this form.**

**To Parent:** Please complete boxed information BEFORE submitting to Physician

Name of applicant: \_\_\_\_\_ Gender: (circle one) M F

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Date of Exam: \_\_\_\_\_

Last hemoglobin A1C: \_\_\_\_\_ (lab normal range \_\_\_\_\_) Date: \_\_\_\_\_

Target Blood glucose range: Pre-breakfast \_\_\_\_\_ Pre-lunch \_\_\_\_\_  
Pre-supper \_\_\_\_\_ Bedtime \_\_\_\_\_

What is child's nutrition program? \_\_\_\_\_

Current Weight \_\_\_\_\_ Current Height: \_\_\_\_\_

Is child on a continuous glucose monitoring system?  Yes  No

If yes, what system? \_\_\_\_\_

Is camper in a clinical trial that will require specific medical treatment/care at Camp?

Yes  No If yes, please **attach** specific information.

**Please Note:** It may be necessary, with more exercise to increase caloric intake. This will be done under the Camp physician's supervision and noted in the camper's chart.

### INDICATE THE LAST PRESCRIBED INSULIN DOSE FOR THE CHILD

If child is on a pump, please list insulin to carb ratio for each meal/snack

**UNITS/TYPE** (per grams of carbohydrate if applicable)

|                        |                       |
|------------------------|-----------------------|
| Before Breakfast _____ | Before Lunch _____    |
| Before Supper _____    | Before Bedtime _____  |
| Morning Snack _____    | Afternoon Snack _____ |
| Bedtime Snack _____    |                       |

### PLEASE CIRCLE ALL THAT APPLY:

|                        |                                                                                                   |
|------------------------|---------------------------------------------------------------------------------------------------|
| Lilly (Humulin)        | Humalog, Humulin N, Humulin R, Humulin 70/30, Humulin 50/50, Humalog Mix 75/25, Humalog Mix 50/50 |
| Novo-Nordisk (Novolin) | Novolog, Novolin N, Novolin R, Novolin 70/30, Novolog Mix 70/30, Levemir, ReliOn                  |
| Sanofi-Aventis         | Lantus, Apidra                                                                                    |



## ADA Diabetes Camp Application –2009



Other Insulin (Specify) \_\_\_\_\_

Pen \_\_\_\_\_

Pump: Please list brand and model: \_\_\_\_\_

What is the correction dose of insulin prescribed for high glucose boluses? (e.g. 1 unit per 50 mg/dl for BG>140)

**Note:** If insulin dose is changed during Camp, parent will be notified at departure interview.

Have any complications of diabetes or disabilities been detected?  Yes  No

If yes, please specify: \_\_\_\_\_

**Emotional Status:** It is imperative that the Camp medical team be aware of any family or camper emotional problems which may affect the camper's health at Camp or the health and safety of other campers and staff.

Has the child or family been in counseling over the past year?  Yes  No

Has the family been referred for counseling?  Yes  No

If yes, what is the nature of the problem?

\_\_\_\_\_

Do you have any specific concerns regarding the management of this child's diabetes or health at Camp?  Yes  No

If yes, please explain:

\_\_\_\_\_

Do you have any suggestions for the care of this particular child at Camp or for areas of diabetes management and education focus?  Yes  No If yes please explain:

\_\_\_\_\_

Do you recommend any limitations on child's activity while at Camp?  Yes  No

If yes, please describe: \_\_\_\_\_

Are there any reasons that you feel your patient should not participate in the American Diabetes Association summer Camp program?  Yes  No If yes, why not?

\_\_\_\_\_

Physician's name (typed or printed) \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Mail Form To: **Stephanie Felix**  
**American Diabetes Association**  
**801 W Fireweed Ln #103**  
**Anchorage, AK 99503**



# ADA Diabetes Camp Application –2009



## COUNSELOR/THERAPIST/PSYCHIATRIST FORM

To be completed by health professional listed above

To Parent: If your child has been in counseling within the past year, please have the Counselor/Therapist/ Psychiatrist/ Psychologist complete and return this Questionnaire

Please complete sign, date and return to: American Diabetes Association  
Attention: Stephanie Felix  
**801 W Fireweed Ln #103**  
**Anchorage, AK 99503**

Any delay in returning this form may result in your patient being placed on a waiting list.

**To Parent:** Please complete/sign this box before forwarding to health professional.

Patient's Name \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

As the parent/legal guardian, I freely give permission to my child's therapist/counselor to release information pertaining to my child to the American Diabetes Association for their use at Camp or speak with the ADA representative concerning my child's treatment.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

1. How long have you known your patient? \_\_\_\_\_

2. Has your patient been compliant in attending appointments?  Yes  No

3. Does he/she pose any danger to self or others?  Yes  No  
If yes, please explain.

4. Is there any prior history of suicidal ideation or attempt?  Yes  No  
If yes, please explain.

5. Is your patient on any psychiatric medications?  Yes  No  
If yes, please list the medication(s), strength and dosage:



## ADA Diabetes Camp Application –2009



6. Please list any specific recommendations that would be helpful in the care of your patient for the Camp medical staff.
7. Are there any reasons that you feel your patient should not participate in the American Diabetes Association summer Camp program?  Yes  No  
If yes, please explain.
8. Would you be willing to be contacted, if necessary, by telephone during Camp should a problem arise?  
 Yes  No (This will only be done if absolutely necessary.)

If yes, please include your answering service or home telephone number with area code below.

Phone Number: (\_\_\_\_\_)\_\_\_\_\_

During your patient's stay at Camp, he/she will be monitored as closely as conditions permit. No alterations in management will be made without due consideration by the medical staff. The medical staff consists of experienced medical, family practice, and pediatric residents, nurses and dietitians, under the direct medical supervision of an attending physician.

.....  
\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
City

State

Zip

Thank you for your cooperation. If you have any questions or comments, please feel free to call **Stephanie Felix at 907.272.1424.**



## ADA Diabetes Camp Application –2009



### Prospective Camper CONSENT FORM

- I hereby apply for admission of my child (name) \_\_\_\_\_ to the summer Camp for children with diabetes operated by the American Diabetes Association.
- I understand my child shall be subject to the same Camp rules as the other children at Camp.
- I consent to my child receiving any and all medical care, treatment and testing the Camp's health care provider in charge determines is medically necessary, in his or her sole discretion (including without limitation diet, insulin dosage and/or type 2 oral medication and daily blood glucose monitoring). I consent to my child receiving any other medically necessary medical care, treatment, and testing the Camp diabetes care provider in charge may cause to have performed by a licensed health care provider, emergency medical personnel at any facility, clinic or hospital while my child is a Camp participant, including without limitation tuberculin test and x-ray if the test is positive, and blood testing for Hepatitis B and/or HIV antibodies, in the event of an accidental finger prick where there may be possibly contaminated material (such as a syringe needle or lancet). I agree that I am personally responsible for any and all medical charges and expenses resulting from the treatment of my child either on the Camp property or at an off-site facility and that my insurance, if any, shall be the primary insurance plan.
- I further consent to the release of any and all test results to the Public Health Authorities, if such release is required by any law, statute, or regulation.
- I freely give permission to my child's health care providers (including without limitation physicians, physician's assistants, clinical nurse practitioners, R.N.s, R.D.s, certified diabetes educators, therapists, psychologists, etc.) to release any and all information pertaining to my child to the American Diabetes Association, and any third party health care providers or institutions the American Diabetes Association deem medically necessary to treat my child during the Camp session. This consent expires at the end of the camp session or the last day any necessary paperwork arising from the treatment of my child is complete, whichever date is later, and may be revoked at anytime by giving written notice to the American Diabetes Association
- I hereby grant my consent and permission for my child to leave the premises of the camp on occasional trips to nearby points of interest under the supervision of the Camp Staff.
- I understand that while the American Diabetes Association may supply insulin, syringes, monitoring supplies and routine first aid care required at Camp, I shall be primarily responsible for the cost of all other medical treatment of my child, including but not limited to laboratory tests, x-rays, and emergency treatment at a hospital or clinic.
- I understand that ADA is not responsible for any damage, maintenance, repair or replacement of any durable medical equipment (including insulin pumps, continuous glucose monitors, hearing aids) my child may use during camp, and other risks assumed in the use of such devices
- I hereby waive, release and shall indemnify ADA against any and all claims, injury, damages or liability which may arise from my child's use of any durable medical equipment including without limitation misuse, malfunction or medical care in connection with such durable equipment.
- I understand that the purpose of the continuous glucose monitor is to show trends and not to adjust insulin. No alterations in my child's medical plan will be made based on CGM readings/warnings (alarms) without discussion with and approval of camp medical staff directly responsible for my child's care.
- In order to assist in the prompt treatment of my child, I hereby consent to any necessary medical or surgical treatment and testing of my child of an emergency nature and my child receiving off-site medical care at the closest available medical facility. Below my signature, I have listed the policy number for any applicable policies of hospitalization insurance that I carry on this child (including Medical Assistance). I authorize the appropriate representative of the American Diabetes Association to release the information concerning my hospitalization insurance to any provider of medical or surgical services to my child.
- In consideration of the American Diabetes Association allowing my child to attend its summer Camp, I hereby knowingly waive and release the American Diabetes Association, its agents, employees, assigns, volunteers, directors, officers and medical staff, from any and all liability or claim arising out of and in connection with my child's participation in camp for any reason.
- I have read and am aware of and shall abide by the Camper Pick-Up policies.

Please check and initial one of the two following statements:

\_\_\_\_\_ I do consent to the placement of my child's name, address, phone number and email address in a Camper Directory that is  
Initials given to each camper.

\_\_\_\_\_ I do not consent to the placement of my child's name, address, phone number and email address in a Camper Directory  
Initials that is given to each camper.

\_\_\_\_\_ Further, I have read, and fully understand and I knowingly agree to the terms of this Consent Form.  
Initials

\_\_\_\_\_  
Signature of Father/ Mother

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date

### The following information is for hospital / immediate care center billing purposes only:

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Policy Holder Information: Name \_\_\_\_\_ Birth Date \_\_\_\_\_ SSN \_\_\_\_\_

Child's Information: Name \_\_\_\_\_ Birth Date \_\_\_\_\_ SSN \_\_\_\_\_

Return to: **Stephanie Felix, American Diabetes Association, 801 W Fireweed Ln #103, Anchorage, AK 99503**



## ADA Diabetes Camp Application –2009



### AUTHORIZATION TO DISCLOSE PERSONAL HEALTH INFORMATION

HIPAA (Health Insurance Portability and Accountability Act)

Camper Name: \_\_\_\_\_

Camper's Date of Birth \_\_\_\_\_

Name of Custodial Parent /Legal Guardian \_\_\_\_\_

- I hereby authorize the American Diabetes Association (ADA) to release the above named Camper's Personal Health Information (PHI) as described below:

The purpose of this disclosure is to promote the ADA Camp program, publicize the ADA Camp program, and/or fund-raise for the American Diabetes Association:

Check all to which you agree.

The PHI to be disclosed is limited to the following:

Camper photograph or likeness

I would like my child and I to receive a username and password for access to ADA's Camp Web pages for ongoing communication with Camp staff and campers.

Other: (specify \_\_\_\_\_)

The PHI may be disclosed as part of the American Diabetes Association's marketing efforts, including but not limited to, mailing list development for Camp, a brochure promoting Camp or other educational program, or fundraising events of the American Diabetes Association.

Expiration date: This Authorization shall expire on December 31, 2019.

Right to Revoke: I understand that I have the right to revoke this Authorization at any time by giving ADA written notice of the revocation. I understand that any revocation will not apply to any disclosure that has already been made in reliance upon this authorization.

I understand that I have the right to refuse to sign this Authorization and that my refusal will not affect my child's ability to receive treatment, get payment for treatment, or attend camp.

I understand that I will be given a copy of this signed Authorization.

A copy of this document is valid as an original. The original is not required to be shown.

\_\_\_\_\_  
Custodial Parent's/Legal Guardian's Name (print)

\_\_\_\_\_  
Custodial Parent's/Legal Guardian's Signature / Date

\_\_\_\_\_  
Relationship to Camper

Return to: **Stephanie Felix, American Diabetes Association, 801 W Fireweed Ln #103, Anchorage, AK 99503**



## ADA Diabetes Camp Application –2009



### **CAMP REFUND POLICY**

The American Diabetes Association strives to control the costs associated with providing camp in order to keep the fee families pay as reasonable as possible. ADA underwrites the cost of every camper by at least 50% of the fee that is charged to families.

In order to provide the camp program, ADA must contract and pay for the procurement of staff, a camp facility and all supplies up to 10 months prior to camp. We must pay all expenses for a guaranteed number of campers regardless of the number that actually attend. Therefore, this policy is to ensure that we can continue to make camp affordable for families, continue providing financial assistance to families who need it, and have time to fill vacancies from the camp waiting list.

This information sheet does not need to be returned to the American Diabetes Association.

#### **Camp Committee unable to place camper in a session:**

##### Refund of Camp Fee & deposit

#### **Camper Cancels after being accepted:**

- a. Written cancellation received 60 days prior to camp opening day.  
Refund of Camp Fee less non-refundable deposit
- b. Written cancellation received 59 to 30 days prior to camp opening day.  
Refund of 50% of Camp Fee less non-refundable deposit
- c. Written cancellation received 29 to 15 days prior to camp opening day:  
Refund of 25% of Camp Fee less non-refundable deposit
- d. Written cancellation received 14 days or less prior to camp opening day:  
No refund of Camp Fee or non-refundable deposit.
- e. Serious Illness or death in family:  
Refund of Camp Fee less non-refundable deposit

#### **Opening Day:**

- a. Camper not accepted due to condition found by camp physician during camp opening day health screening.  
Refund of Camp Fee less non-refundable deposit
- b. Camper not showing on opening day.  
No Refund of Camp Fee or non-refundable deposit



## **ADA Diabetes Camp Application –2009**



### **Early Departure of Individual Camper from Camp:**

- a. Illness during camp; camp physician recommends camper returns home.  
Refund of Camp Fee prorated less non-refundable deposit
- b. Illness during camp; camp physician recommends camper can remain in camp, but parent elects to withdraw camper.  
No Refund of Camp Fee or non-refundable deposit
- c. Serious Illness or death in family, camper removed at parent's request.  
Refund of Camp Fee prorated less non-refundable deposit
- d. Camper elects to leave camp early (camper homesick; camper wanting to return home for various reasons).  
No Refund of Camp Fee or non-refundable deposit
- e. Camper sent home for reasons determined appropriate for protection of said camper, other campers or staff.  
No Refund of Camp Fee or non-refundable deposit

### **Early Closure of Camp because of Shortened Session due to Fire, Epidemic, or Natural Disaster:**

- a. During the first half of camper session.  
One-half of camp fee paid will be refunded less non-refundable deposit
- b. During the last half of camper session.  
No Refunds will be made
- c. Camp closed prior to session due to above.  
Refund of camp fee less non-refundable deposit

### **Late arrival or camper absence during camp session:**

No Refund of Camp Fee or non-refundable deposit