



Dear Parents and Prospective Camper:

This letter is for the parents/guardians of a sibling without diabetes, who are between the ages 4 – 9 and would like to attend camp with their brother or sister. The application is shorter because we do not include such forms as the insulin information in this packet. However, the process for the application is the same. Parents/Guardians **MUST** fill out the entire Application packet, in order for it to be reviewed by the camp medical staff. Please see below for further instructions on the camper application review. The \$50 Non-Refundable Camp Deposit is also required with the return of the application.

Our camps are organized and operated by the American Diabetes Association (ADA) in conjunction with leading medical and camping professionals in your local community.

Both our day camps and residential camps are accredited by the American Camp Association. This accreditation means that the ADA can provide a safe, medically supervised camping experience for children with diabetes. It is our hope that each child who attends camp will grow as an individual through the ideas and experiences shared through this camping experience.

Priority System: Applications are processed and reviewed on a *first come, first serve* basis*. Once application forms have been reviewed by the members of the ADA Camp Committee, confirmations will be made on a *first come, first serve* basis. It is critical that you complete all required forms and submit them as soon as possible. The information you provide allows us to adequately prepare for the best week of your child's summer. Once accepted, you will receive a "confirmation packet".

***First come, first serve is defined as: the date the original forms are returned to the office, complete and ready to process.**

Once all camper slots are filled, children will be placed on a waiting list. This waiting list is important so that we can fill camp slots at the last minute. While many of the children on our waiting list do find a space at camp, we cannot guarantee an opening. You can increase your child's likelihood of attending camp if the application form and all accompanying materials are submitted as soon as possible. If you are interested in attending one of our camps please complete the enclosed forms.

Included in this application packet:

- Camper Application – *to be completed by parent*
- Medical Form/Health Evaluation – *to be completed by health care provider and returned in a signed and sealed envelope*
- Consent Form – *to be signed by parent*
- HIPPA Form – *to be signed by parent*
- Refund Policy

For questions, please contact Jackie Wisz at 312-346-1805 or 1-800-DIABETES, ext. 6581 or JWisz@diabetes.org.



ADA Diabetes Camp Application –2009



Mail ALL Forms To:

**Attn: Jackie Wisz
American Diabetes Association
30 N. Michigan, Suite 2015
Chicago, IL. 60602**

Sincerely,

American Diabetes Association Camps



ADA Diabetes Camp Application –2009
Sibling Packet



I acknowledge that with this submission I agree to pay the entire camp fee, which is due prior to attendance at the event unless financial support has been awarded.

PLEASE PRINT AND COMPLETE THE FOLLOWING INFORMATION

Mother/Guardian	Father/Guardian
Home Address: City, State, Zip	Home Address: City, State, Zip
Home Phone- Mother/Guardian	Father/Guardian
Work Phone- Mother/Guardian	Father/Guardian
Employer- Mother/Guardian	Father/Guardian
Cell Phone- Mother/Guardian	Father/Guardian
Email- Mother/Guardian	Father/Guardian
Fax- Mother/Guardian	Father/Guardian

Child's County of Residence: _____

Emergency Contact Information

Emergency contact for the week *other than parent*

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____
Cell Phone / Pager: _____

Secondary emergency contact for the week *other than parent*

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____
Cell Phone / Pager: _____

Family Status/Custody

Are child's parents divorced/legally separated? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which parent has legal custody: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Joint <input type="checkbox"/> Other If Other, what is relationship to camper?
Child resides with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (list relationship)	



ADA Diabetes Camp Application –2009



Sibling Information

Name: Last, First, M.I.		Nickname, if used:	
Birth date: Day/Month/Year		Email (for camper directory)- not mandatory	
Age at Camp:		Grade in School:	
Swim Level: <input type="checkbox"/> Non-swimmer <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced			
T-Shirt Size	<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL		
Name of Child's Health Insurance Company		Policy #:	
		Policy Holder:	
Name of Primary Care Physician: Last, First		Office Address (including city, state, & Zip):	
Office Phone (with Area Code):		Any activity restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:	
Office Fax Number:			

Please add any other comments that you feel will help us make the adjustment to camp easier for your child.



ADA Diabetes Camp Application –2009



Any Medications your child will need to take at camp, Please do not send vitamins.

Name of Medication	Amount Taken	Time(s) Taken	Purpose/Additional Information

Social Issues (Please mark the option that best suits your child)

Does your child:	Always	Sometimes	Never
Make friends easily			
Enjoy interacting with peers			
Get along with siblings			
Get along with children he/she meets for the first time			
Get along with parents or guardian			
Follow instructions well			
Enjoy school			
Yell/scream when told no			
Touches objects after being told no			
Hits/bites/kicks other children			
Experiences homesickness			
Have any special fears If Yes, Please list:			
Overall child's behavior is <input type="checkbox"/> Appropriate <input type="checkbox"/> Hyperactive <input type="checkbox"/> Withdrawn <input type="checkbox"/> Aggressive			
List child's favorite sports:			
List child's favorite hobbies:			
Is this the child's first time away from home? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what is the longest period of time away from parents?			
What discipline methods do you use at home?			
How does he/she react to discipline?			
Does your child have any emotional problems? Yes _____ No _____ If Yes, has counseling been initiated? Yes _____ No _____			



ADA Diabetes Camp Application –2009
PHYSICIAN’S FORM for CHILDREN WHO DO NOT HAVE DIABETES

CAMPER’S NAME _____ **DATE** _____

Your patient is applying to attend a one week day camp session for children 4 - 9 years old with diabetes and their siblings. The camp is sponsored by the American Diabetes Association, Northern Illinois Area. This form must be completed and returned to your patient *As Soon As Possible* to avoid your patient possibly being placed on a waiting list. *Please check the appropriate camp.*

Camp Discovery (Glen Ellyn) **Camp Confidence (Des Plaines)** **Camp Can-Do (Palos Park)**

1. General Health:

Significant illness or physical disability: _____

Medications other than insulin (with dose): _____

Allergies (food, medicine, animals) if asthma, please indicate severity: _____

2. Most Recent Exam:

Date _____ Height _____ Weight _____ B/P _____

Any abnormal physical findings: _____

3. Has your patient had exposure to any blood transmissible diseases:

Yes _____ No _____

If so, of what nature? _____

4. Emotional Status:

It is imperative that the camp medical staff be aware of any family emotional problems which may affect the youth’s health at camp. Has the youth or family been in counseling over the past year? Yes _____ No _____

Referred for counseling: Yes _____ No _____

If yes, what is the nature of the problem? _____

5. Do you have any specific suggestions as to the care of this particular youth? _____

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Signed: _____ **Date:** _____

_____, M.D./D.O.

(please print/type)

Address: _____

Phone: [_____] _____ (Include area code)

Email: _____ (MD or Office)

Please return to your patient AS SOON AS POSSIBLE. Failure to do so may result in your patient being placed on a waiting list.



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 two of the three 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 given to each camper.
Initials

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

_____ 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 _____



ADA Diabetes Camp Application –2009



AMERICAN DIABETES ASSOCIATION 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.

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



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.

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



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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