

22421 Barton Road #403, Grand Terrace, CA 92313 ♦ Contact: (909) 489-8024 or (760) 220-6161 ♦ Fax (760) 513 - 9895
http://www.lionsdiabetescamp.org ♦ E-MAIL: lidiasav@hotmail.com or mattersofpublichealth@gmail.com

Dear Parents/Legal Guardians:

Your diabetic child is yearning to go to camp, and that means it is time to apply for a weekend of fun at Lions Diabetes Camp! We have been preparing for the inaugural session. Our opening session will be held on September 29, 2017 through October 1, 2017. Eligible campers ***must*** be accompanied by a parent or legal guardian for this session. The cost for the camp is \$115 for campers and \$120 for the ***mandatory*** accompanying parent. If you are interested in being sponsored to attend this session, please contact us and we will connect you with a Lions Club in your area.

For your convenience, you can apply online at www.lionsdiabetescamp.org. An original paper application is also available and instructions are listed below.

While the application might appear long, all the information requested is necessary for the care of your child. It has been formatted in such a way that it is easy to complete. Please use ***black ink*** and provide all of the information requested.

Online and paper applications will be accepted beginning **August 14, 2017** and will be processed according to the order in which they are received. (Concerned about time? On-line applications are submitted instantly, with no mail delay.) Please submit your application as soon as possible. Your camper must have the physical portion of the application dated after **May 1, 2017** of the year in which they are attending camp. Faxed applications are acceptable, but the original application with original signatures must be received before a cabin is assigned. ***The Medical Report must be completed and the entire application packet must be received for consideration.***

Prior to sending your application, please check to make sure that all allergy information, the **parent's signature, and physician's signature with allergy information** have been provided and are legible. Without these necessary signatures, we cannot process your child's application. A committee will review the application and notify you and your sponsoring Lion of the status of your child's application.

If you have any questions or need additional information, please do not hesitate to contact the Lions Diabetes Camp office.

Sincerely yours,

SIGNATURE IMAGE

Lion Lidia Petrov-Jones
District 4L5, Diabetes Chair

LPJ/cg



Lions Diabetes Camp at Teresita Pines



22421 Barton Road #403, Grand Terrace, CA 92313 ♦ Contact: (909) 489-8024 or (760) 220-6161 ♦ Fax (760) 513 - 9895
<http://www.lionsdiabetescamp.org> ♦ E-MAIL: lidiasav@hotmail.com or mattersofpublichealth@gmail.com

Lions Diabetes Camp at Teresita Pines Camper 2017 Guidelines & Information

- WHO:** Children with all types of diabetes ages 10 through 13 within the State of California. *Only children who have been diagnosed with diabetes are eligible for the Lions Diabetes Camp.* A summer camp for children who have pre-diabetes, type 1, or type 2 diabetes and one *mandatory* accompanying parent.
- WHAT:** Campers enjoy exciting camp programs while they learn to control their diabetes by following accepted health practices. A medical staff comprised of physicians, nurses, dietitians/nutritionists, and health educators is located on-site. All individuals with type 1 diabetes must bring their own Glucagon kit and their own EpiPen if needed.
- WHERE:** Camp will be held at the Lions Diabetes Camp at Teresita Pines, located at 22800 Big Pines Highway, Wrightwood, Ca 93563.
- HOW:** A camper and an accompanying parent, rather than Lions, will transport your child to/from camp. If parents need assistance with transportation, please contact your sponsoring Lion.
- COST:** \$115 for campers and \$120 for the mandatory accompanying parent. Campers may be sponsored and paid for by the Lions of California.
- GOALS:** The goal is to assist children who have diabetes in achieving maturity in a healthy, productive manner. A major objective is to teach children and adolescents more about themselves and their diabetes. In addition, the Parents' Reception aids the entire family in understanding diabetes. Additional information will be included in the assignment packet.

~~~~~  
Please make sure the entire application is complete before mailing it. Incomplete applications will delay the assignment process and may jeopardize your camper's chances of being assigned to a camping session.

### ★Application Checklist★

*Please complete the entire application, paying special attention to the following:*

- Lion *signature* on page 1 of application (if applicable).
- All allergy information is listed on the application.*
- Parent and camper *signature* on Camper Code of Conduct on page 7 of application.
- Parent *signature* on page 6 of application.
- Physician *signature* on page 5 of application.
- All camper info and insurance info completed on page 4 of application, regardless of insurance coverage.
- All individuals with diabetes attending the camp have a current, nonexpired Glucagon kit and individuals with severe allergies have a current, non-expired EpiPen.
- Original application must be on file before a camping assignment can be made.

The Lion's Diabetes Camp at Teresita Pines is a program  
of Lions Club International, District 4L5,  
a 501(c)(3) not-for-profit organization.



## Lions Diabetes Camp at Teresita Pines Camper Application

### Camper Information

|                                    |                |             |              |
|------------------------------------|----------------|-------------|--------------|
| <b>Please print name of child:</b> | Last Name:     | First Name: | Middle Name: |
| Mailing Address:                   | City:          | State:      | Zip:         |
| Age:                               | Date of Birth: | Gender:     |              |

### Parent/Legal Guardian Information

\*\*\*Please include a current email address to assist in setting up an online account for your camper\*\*\*

|                                                        |       |             |       |
|--------------------------------------------------------|-------|-------------|-------|
| Mother/Legal Guardian:                                 | _____ |             |       |
| Address:                                               | _____ |             |       |
| City/State/Zip:                                        | _____ | Home Phone: | _____ |
| Email:                                                 | _____ | Cell Phone: | _____ |
| Employer:                                              | _____ | Work Phone: | _____ |
| Father/Legal Guardian:                                 | _____ |             |       |
| Address:                                               | _____ |             |       |
| City/State/Zip:                                        | _____ | Home Phone: | _____ |
| Email:                                                 | _____ | Cell Phone: | _____ |
| Employer:                                              | _____ | Work Phone: | _____ |
| Parent Attending Lions Diabetes Camp with Child Camper | _____ |             |       |

### Camper History

|                                                              |       |                     |       |
|--------------------------------------------------------------|-------|---------------------|-------|
| Has the Camper ever attended a Lions Camp at Teresita Pines? | _____ | If yes, list years: | _____ |
| Has the Camper ever attended any other diabetes camp?        | _____ | If yes, where?      | _____ |

### Lions Club Sponsorship

\*\*\*only complete when applicable\*\*\*

|                                                                                                                                    |                        |                   |              |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------|--------------|
| The _____ Lions Club of _____,<br>California, District _____ wishes to sponsor my child for Lions Diabetes Camp at Teresita Pines. |                        |                   |              |
| <b>Sponsoring Lions Club (if applicable):</b> _____                                                                                |                        |                   |              |
| <b>Please Print name of Lion:</b>                                                                                                  | Lion's Last Name:      | Lions First Name: |              |
| Lions Mailing Address:                                                                                                             | City:                  | State:            | Zip:         |
| Lions Home Phone:                                                                                                                  | Lions Work/Cell Phone: | Lions Fax:        | Lions Email: |

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

## Camper Information

Please answer all questions and provide as much information as possible so that we can best care for your child while at camp.

**Is there anything special you can tell us about your child that will help promote a positive camp experience?**

---

---

---

---

---

**How would you rate your child's overall diabetes self-care knowledge?**

- Poor     Below Average     Average     Above Average

**Self-care education you would like your child to learn at camp** \_\_\_\_\_

**Please describe the following about your child:**

- Favorite Interests: \_\_\_\_\_
- Special needs, comfort items, routines: \_\_\_\_\_  
\_\_\_\_\_
- Bedtime/sleep habits (light, heavy, sleepwalking, nightmares, etc.): \_\_\_\_\_
- Recent stressful events we should know about: \_\_\_\_\_
- What does your child do when he/she is mad, sad, or upset?: \_\_\_\_\_  
\_\_\_\_\_

**Please tell us about your child...** (please include a separate sheet of paper if you require additional space)

What behavior(s), attitudes, etc. are typical/atypical? \_\_\_\_\_  
\_\_\_\_\_

What type of instruction does your child respond to best? \_\_\_\_\_  
\_\_\_\_\_

**Does camper (check box if "yes" and leave blank if no)**

- Test blood sugar     Give own injections     Rotate injection or pump sites     Change pump site  
 Draw up insulin for injection or pump     Recognize high blood sugar     Recognize low blood sugar  
 Monitor Food and Diet     Count Carbohydrates     Test Ketones     Adjust for corrections

**Emotional Health** (please include a separate sheet of paper if you require additional space)

Does your child have any special fears, emotional, or behavioral problems? If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

How do you handle behavioral problems? \_\_\_\_\_  
\_\_\_\_\_

## Camper Information Continued

Print name of child: \_\_\_\_\_

Onset of diabetes (month and year): \_\_\_\_\_ Age when diagnosed: (years and months): \_\_\_\_\_

**Monitoring:** Meter used (Ex. One Touch Ultra, Bayer Contour, etc): \_\_\_\_\_

How many times a day is blood sugar checked? \_\_\_\_\_ When do urine ketones get checked? \_\_\_\_\_

**Diet:** Type of meal plan:  None  Avoids sweets only  Exchange system  Carbohydrate counting  Gluten-free

Exercise: Usual exercise or preferred physical activity: \_\_\_\_\_

Any Limitations? \_\_\_\_\_

**Existing or chronic problems:**  Bedwetting  Constipation  Behavioral problems  Celiac disease  
 Attention deficit disorder (ADD)  Attention deficit hyperactivity disorder (ADHD)

Describe extent of problem(s) and suggestions for control: \_\_\_\_\_

**Has child ever had seizures or convulsions?**  Yes  No If yes, how many seizures? \_\_\_\_\_

Date of last seizure: \_\_\_\_\_ Cause of seizure(s):  Low Blood Sugar  Other (Explain): \_\_\_\_\_

Does child have a Glucagon kit for emergency low blood sugars?  Yes  No Is the Parent willing to administer?  Yes  No

## Campers on Non-Basal Bolus Regimen

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Insulin Currently Used</b> (check all that apply)</p> <p><input type="checkbox"/> Novolin N <input type="checkbox"/> Novolog <input type="checkbox"/> Novolog 70/30 <input type="checkbox"/> Levemir<br/> <input type="checkbox"/> Humulin N <input type="checkbox"/> Humalog <input type="checkbox"/> Humalog 75/25 <input type="checkbox"/> Lantus<br/> <input type="checkbox"/> Humulin R <input type="checkbox"/> Apidra <input type="checkbox"/> Novolin<br/> <input type="checkbox"/> Other _____</p> | <p><b>Insulin Injection Regimen at Time of Application</b><br/> Example: 18 NPH/4 Novolog</p> <p>Breakfast _____</p> <p>Lunch _____</p> <p>Dinner _____</p> <p>Bedtime _____</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Campers on Four or More Insulin Injections (complete if applicable only)

| <p><b>Basal Bolus Injections:</b><br/> Insulin Used in Regimen: <input type="checkbox"/> Apidra <input type="checkbox"/> Humalog <input type="checkbox"/> Novolog<br/> <input type="checkbox"/> Regular <input type="checkbox"/> Lantus <input type="checkbox"/> Levemir<br/> When did camper begin this regimen? _____<br/> Number of DKA (Diabetic Ketoacidosis) episodes since starting therapy? _____</p> | <p><b>Basal Bolus Injections:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Target*</th> <th style="width: 30%;"></th> <th style="width: 20%;">I:CHO</th> <th style="width: 30%;">ISF</th> </tr> </thead> <tbody> <tr> <td>Breakfast</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Lunch</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dinner</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Bedtime</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Snacks</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>I:CHO (Insulin/Carbohydrate Ratio) ISF (Insulin Sensitivity Factor)<br/> *Target Blood sugar used for I:CHO and ISF calculations</p> | Target* |     | I:CHO | ISF | Breakfast |  |  |  | Lunch |  |  |  | Dinner |  |  |  | Bedtime |  |  |  | Snacks |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----|-------|-----|-----------|--|--|--|-------|--|--|--|--------|--|--|--|---------|--|--|--|--------|--|--|--|
| Target*                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I:CHO   | ISF |       |     |           |  |  |  |       |  |  |  |        |  |  |  |         |  |  |  |        |  |  |  |
| Breakfast                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |     |       |     |           |  |  |  |       |  |  |  |        |  |  |  |         |  |  |  |        |  |  |  |
| Lunch                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |     |       |     |           |  |  |  |       |  |  |  |        |  |  |  |         |  |  |  |        |  |  |  |
| Dinner                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |     |       |     |           |  |  |  |       |  |  |  |        |  |  |  |         |  |  |  |        |  |  |  |
| Bedtime                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |     |       |     |           |  |  |  |       |  |  |  |        |  |  |  |         |  |  |  |        |  |  |  |
| Snacks                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |     |       |     |           |  |  |  |       |  |  |  |        |  |  |  |         |  |  |  |        |  |  |  |

## Campers on Non-Basal Bolus Regimen (complete if applicable only)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |       |       |       |       |       |       |       |       |       |       |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| <p><b>Insulin Pumpers:</b><br/> Target BG set in Pump: _____<br/> ISF (Insulin Sensitivity Factor): _____<br/> I:CHO (Insulin: Carb Ratio): _____</p> <p>Insulin Used in Pump: <input type="checkbox"/> Apidra <input type="checkbox"/> Humalog <input type="checkbox"/> Novolog<br/> <input type="checkbox"/> Regular <input type="checkbox"/> Other</p> <p>When did camper begin this regimen? _____<br/> Number of DKA (Diabetic Ketoacidosis) episodes since starting therapy? _____</p> | <p><b>Insulin Pumpers:</b> Brand of Pump: <input type="checkbox"/> Animas <input type="checkbox"/> Deltec<br/> <input type="checkbox"/> MiniMed <input type="checkbox"/> Other: _____</p> <p>Basal Rates (units/hr): (Ex. 12 AM-3AM = 0.8 u/hr, 3 AM-7 PM = 1.1 u/hr)</p> <table style="width: 100%;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">_____</td> <td style="width: 33%; border-bottom: 1px solid black;">_____</td> <td style="width: 33%; border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> </table> | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____ |       |       |       |       |       |       |       |       |       |       |       |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____ |       |       |       |       |       |       |       |       |       |       |       |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____ |       |       |       |       |       |       |       |       |       |       |       |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____ |       |       |       |       |       |       |       |       |       |       |       |

## Emergency Health Information

*Please complete this section even if camper is uninsured*

|                                                                    |                                       |                                           |      |
|--------------------------------------------------------------------|---------------------------------------|-------------------------------------------|------|
| Camper Name:                                                       | Social Security Number:               | Date of Birth:                            | Age: |
| Parent/Guardian Name:                                              | Policy Holder Social Security Number: |                                           |      |
| Address:                                                           | City:                                 | State:                                    | Zip: |
| Parent Home Phone:<br>(    )                                       | Parent Work Phone:<br>(    )          | Parent Cell Phone:<br>(    )              |      |
| Emergency Contact (other than Parent):                             |                                       | Relation to Camper:                       |      |
| Emergency Contact's Home Phone:<br>(    )                          |                                       | Emergency Contact's Cell Phone:<br>(    ) |      |
| Health Insurance Company/Medicare:<br>(If uninsured, write "None") |                                       |                                           |      |
| Address:                                                           |                                       | Phone:<br>(    )                          |      |
| Policy Number:                                                     |                                       | Certificate Number:                       |      |
| Name of Insured:                                                   |                                       | Company/Business Name:                    |      |
| Employer Contact:                                                  |                                       | Phone:<br>(    )                          |      |

### Instructions for Medication and Treatment (other than insulin)

*Please complete this section in detail as this information will be utilized during your child's stay at camp.*

| Medication/Treatment     | Dosage                  | Time (indicate a.m. or p.m.) |
|--------------------------|-------------------------|------------------------------|
| <i>Example: Tegretol</i> | <i>200 mg: 1 tablet</i> | <i>9:00 a.m., 9:00 p.m.</i>  |
|                          |                         |                              |
|                          |                         |                              |
|                          |                         |                              |
|                          |                         |                              |
|                          |                         |                              |
|                          |                         |                              |
|                          |                         |                              |

***Please indicate if the following over-the-counter medications are authorized for administration during camp as necessary***

***(DOSAGE WILL BE BASED ON INSTRUCTIONS LISTED ON THE PACKAGING OR BOTTLE ONLY)***

- |                                                                 |                                                                      |                                                      |                                           |
|-----------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> <i>Pepto Bismul</i>                    | <input type="checkbox"/> <i>Tylenol or Ibuprofen (Please circle)</i> | <input type="checkbox"/> <i>Aloe Vera Gel</i>        | <input type="checkbox"/> <i>Sunscreen</i> |
| <input type="checkbox"/> <i>Chloraseptic or Throat Lozenges</i> | <input type="checkbox"/> <i>Neosporin Ointment</i>                   | <input type="checkbox"/> <i>Hydrocortisone Cream</i> |                                           |
| <input type="checkbox"/> <i>Robitussin</i>                      | <input type="checkbox"/> <i>Benadryl or other antihistamine</i>      | <input type="checkbox"/> <i>Tums or Rolaids</i>      |                                           |

## ALLERGY AND MEDICAL DIET CONCERNS

***Complete diet section with MEDICAL concerns only (must be indicated on form by physician)***

- |                                                          |                                                       |                                                  |                                     |
|----------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Celiac Disease (Diagnosed only) | <input type="checkbox"/> Gluten-Free (IBS/UC/Crohn's) | <input type="checkbox"/> No Dairy (Lactose-Free) | <input type="checkbox"/> No Eggs    |
| <input type="checkbox"/> No Wheat (Gluten sensitivity)   | <input type="checkbox"/> No Pork                      | <input type="checkbox"/> No Red Meat             | <input type="checkbox"/> No Seafood |
| <input type="checkbox"/> No Poultry                      | <input type="checkbox"/> Vegetarian                   | <input type="checkbox"/> Vegan                   | <input type="checkbox"/> Other      |

***Please describe any food allergies or restrictions below (attach another sheet of paper if necessary).***

***Please list ALL ALLERGIES (food, environmental, medical, etc.)***

\*\*\*Lions Diabetes Camp does its best to accommodate the dietary needs of campers; however, parents may need to supplement the camper's diet by bringing specialty food items for the camper to enjoy while at camp. \*\*\*



# Medical Report

To be completed by Medical Personnel. Please print or type.


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

Hemoglobin A1C: \_\_\_\_\_ Date A1C was done: \_\_\_\_\_

1. Primary diagnosis is **Pre-Diabetes** **Type 1 Diabetes** **Type 2 Diabetes** (circle one)  
Secondary diagnosis, if any: \_\_\_\_\_  
In your opinion, is this child's intelligence commensurate with his or her age? \_\_\_\_\_  
If **no**, explain: \_\_\_\_\_

2. **Previous or Continuing Illness** (indicate date of last occurrence if applicable):  
Asthma: \_\_\_\_\_ Celiac Disease: \_\_\_\_\_ MMR: \_\_\_\_\_ Strep Throat: \_\_\_\_\_  
Chicken Pox: \_\_\_\_\_ Diphtheria: \_\_\_\_\_ Seizures: \_\_\_\_\_ Whooping Cough: \_\_\_\_\_  
Chronic Cough: \_\_\_\_\_ Ear Infection: \_\_\_\_\_  
Has Patient had any serious medical illness or surgery in the past year?  Yes  No  
If **Yes**, describe: \_\_\_\_\_

**PLEASE LIST ALL KNOWN ALLERGIES FOR THIS PATIENT** \_\_\_\_\_

 Food Allergies or Prescription Diet (Please be specific): \_\_\_\_\_  
Allergies to bee/wasp/medications/etc.? List: \_\_\_\_\_  
Treatment given: \_\_\_\_\_

Does camper have a **current (non-expired)** prescription for an EpiPen? (must provide their own)  Yes  No  
Existing or chronic problems:  Bedwetting  Constipation  Chronic Diarrhea  Heartburn  
 Behavioral Problem  Attention Deficit/Hyperactive Disorder  
Describe extent of problem(s) and suggestions for control: \_\_\_\_\_

3. **Vital Statistics:** Blood Pressure: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

4. **Immunizations** (Indicate date of last injection or oral vaccine)  
IPV/OPV/Polio: \_\_\_\_\_ MMR: \_\_\_\_\_ DTap/DTP/Tetnus\*: \_\_\_\_\_  
Allergic to any vaccine? \_\_\_\_\_ \*(must be within the past 10 years)

5. **Other Evidence of Pathology:**  
Cardiovascular:  Normal  Other  Describe: \_\_\_\_\_  
Pulmonary:  Normal  Other  Describe: \_\_\_\_\_  
Bowel and Kindey Function:  Normal  Other  Describe: \_\_\_\_\_  
Other Autoimmune Conditions: \_\_\_\_\_  
Other Conditions: \_\_\_\_\_  
List all medication orders for administration during camp: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Detailed plan in case of emergency:** Glucagon administration dose of \_\_\_\_\_ units when blood glucose level is < \_\_\_\_\_ mg/dl.  
When blood glucose levels are > \_\_\_\_\_ mg/dl and not responding to insulin injections after \_\_\_\_\_ min/hours (circle one)  
and/or urine ketone levels are > \_\_\_\_\_ mg/dl or blood ketones are > \_\_\_\_\_ mmol/L, then follow the protocol stated below:  
\_\_\_\_\_  
\_\_\_\_\_

I approve camping activities for this applicant. Yes  No   
**Physician Signature** \_\_\_\_\_ Date: \_\_\_\_\_  
**PRINTED** Name of Physician: \_\_\_\_\_ Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

# Parent/Legal Guardian Agreement

Please read this document carefully and sign below

## Consent to Attend & Participate

I hereby give consent for my child (ward) to attend and participate in all programs and activities of the Lions Diabetes Camp at Teresita Pines, (hereinafter also identified as the Camp). I understand that my child (ward) will participate in an outdoor recreation program which may encompass activities including, but not limited to, ropes course, horsemanship, archery, hiking, camp out and water sports, and that one or more of these or other activities may involve travel off the Camp site. I understand and acknowledge that while the agents, servants, employees and/or volunteers may have received training on safety techniques, there are nevertheless risks associated with, and inherent in, my child's (ward's) participation in the camp's outdoor recreation program and other camp programs and activities. I voluntarily choose to assume these risks and allow my child (ward) to attend camp and participate in all Camp programs and activities. I further consent to the Camp taking pictures, audio tapes and/or video tapes of my child (ward) participating in Camp activities and programs and the Camp's use of same in camp publications or publicity that is in the proper interest of the Camp.

## Release, Hold Harmless, & Indemnity Agreement

I **RELEASE, HOLD HARMLESS** and hereby agree to **INDEMNIFY** the Camp, its agents, servants, employees and/or volunteers from any and all liability, claims, causes of action or suits, for the loss or damage of property, or for injury to, or the death of, my child (ward) or others, for damages, losses, expenses, attorney fees, or costs of whatever nature sustained by me, my child (ward) or others, which may arise out of, or in connection with, my child's (ward's) use or occupancy of the Camp's premises or participation in Camp activities or programs, regardless of the nature or extent of such injuries, damages, costs, expenses, attorney fees or losses, or whether such injuries, damages, costs, expenses, attorney fees or losses are caused in whole or in part by the negligence or sole negligence of the Camp, its agents, servants, employees and/or volunteers, or caused in part by the negligence of the Camp, its agents, servants, employees and/or volunteers and the negligent or grossly negligent acts or omissions of my child (ward) or any other person or entity. This Release, Hold Harmless, and Indemnity Agreement is to be construed broadly, but it does not serve to release or waive claims or causes of action to which my child (ward) may be entitled due to personal injury.

## Medical Care Authorization

I hereby grant permission to, and request and authorize all physicians, nurses and hospitals and their authorized employees and designees to perform routine diagnostic procedures and render emergency medical care deemed necessary for my child (ward).

## Financial Responsibility

I understand and confirm that regardless of my assignment of insurance benefits, I am responsible for the total charges incurred by the camp or others for medical care or services rendered to or on behalf of my child (ward).

## Authorization to Release Information

I authorize the camp to furnish from my child's (ward's) medical records, such information as may be requested by representatives of local, state or federal agencies, insurance companies, or other organizations for the purpose of obtaining payment for services provided to my child (ward) or as may be required for payment of benefits or claims.

## Assignment of Benefits

In consideration of services rendered to my child (ward), I hereby assign and transfer to the camp any and all benefits or proceeds otherwise payable to me individually, as an insured, or in my capacity as the parent/guardian of my child (ward) under hospitalization, health or accident insurance, or any other insurance coverage, to include major medical benefits, for the payment of services rendered. If I receive monies direct from the insurer(s), same shall be held in trust for and immediately transferred to the camp for amounts due. If a MEDICARE recipient, I certify that the information given by me in applying for benefits under TITLE XVII of the Social Security Act is correct. I authorize any holder of medical or other information about my child (ward) to release to the Social Security Administration or its intermediaries or carriers any information needed to process a Medicare claim related to the undersigned or my child (ward). I request that payment of authorized benefits be made on my behalf and/or on behalf of my child (ward).

## Personal Property

I understand the Camp in no way covenants the condition of any personal article or item of property upon the conclusion of any camp session and that unnecessary valuables are not to be brought to camp.

**PLEASE NOTE: Original application with original signatures must be received before final camp cabin assignment can be made.**

**Camper's Name:** \_\_\_\_\_  
**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_



## Camper Code of Conduct

The purpose of the Camper Code of Conduct is to clarify expectations of camper behavior for campers, parents, summer staff, and administration at Lions Diabetes Camp at Teresita Pines. The primary purpose of the camp is to provide a camp for children with all types of diabetes from the State of California, regardless of race, religion, or national origin. Our goal is to provide an atmosphere wherein campers will learn the "Can Do" philosophy and be allowed to achieve maximum personal growth and self-esteem. The benefits a camper gains from attending camp depend on the camper's attitude toward positive participation in a camping environment and adherence to the Camper Code of Conduct. If a child's behavior detracts from the positive camping experience for him/herself or others, the child may be sent home.

Code of Conduct Objectives: Management of camper behavior at Lions Diabetes Camp at Teresita Pines.

1. Provide a quality camping experience for all campers and Lions Diabetes Camp staff.
2. Decrease the risk of injury to campers and staff.
3. Outline steps for management of behavior problems.

Implementation: The staff may identify problem behavior as conduct that is disruptive or harmful to campers or staff. The following lists examples of those behaviors which may be followed by an intervention by a staff member to provide a solution to the problem. The list includes, but is not limited to, the following:

Examples of Minor Problems: Teasing, calling names, talking back to staff, failure to cooperate, speaking out of turn, interrupting.

Examples of Major Problems: Kicking, pushing, biting, throwing things, spitting, taking other camper's belongings, dunking in the pool, acting-out sexually, non-compliance in the infirmary, destruction of camp property, and bullying.

Problem behavior that arises at Lions Diabetes Camp may be handled by a variety of interventions. Possible behavior interventions include, but are not limited to, redirection, natural consequences (i.e. time-out of an activity), parent participation in positive behavior strategies, and/or a behavior contract. If the behavior continues without improvement, the parent will be required to make arrangements to remove the child from camp.

**WE HAVE READ, DISCUSSED, AND AGREE TO THE ABOVE CODE OF CONDUCT FOR LIONS DIABETES CAMP AT TERESITA PINES.**

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# All About Me!

This section is to be completed by camper and parent.

My Name is: \_\_\_\_\_

I like to be called: \_\_\_\_\_

I am \_\_\_\_\_ years old. I will be in the \_\_\_\_\_ grade.

This will be my \_\_\_\_\_ year at Lions Diabetes Camp.

My favorite school subjects are: \_\_\_\_\_

One thing I am really good at doing right now is: \_\_\_\_\_

\_\_\_\_\_

My favorite thing to do is: \_\_\_\_\_

The thing I would like to do the MOST at camp is \_\_\_\_\_

\_\_\_\_\_

I have questions about: \_\_\_\_\_

\_\_\_\_\_

Something I want my bunkhouse staff to know about me is \_\_\_\_\_

\_\_\_\_\_

When I get angry or upset, I \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_