



Diabetes D.E.S.T.I.N.Y.

**Diabetes Exercise Strategies Together In Network with You
Extreme Weekend For Children With Diabetes**

- Camper Application -

CAMPER INFORMATION

Camper's Name:	Gender:	Date of Birth:
Age At Camp:	T-shirt Size:	School Grade:
Address:	City:	State/Zip:
Home Phone:	Camper email(optional):	

List All Family Members Living With Camper (Include ages of siblings):

PARENT INFORMATION

Mother or Legal Guardian:	Cell Phone:
Address:	Place of Employment:
Home Phone:	Work Phone:
Email:	
Father or Legal Guardian:	Cell Phone:
Address:	Place of Employment:
Home Phone:	Work Phone:
Email:	



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LEGAL INFORMATION

Are there any custody or visitation issues that the camp should be aware of at this time? If YES, please explain:
Who has legal authority to sign documents for this child? If other than biological parent(s), please attach legal affidavit with this application.
Are both biological parents living?
Parent/Guardian address if different during camp session:
PHONE:
Dates parents/guardians will be at this location:

EMERGENCY CONTACT INFORMATION

In an emergency, if parent cannot be reached, please call:

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name of Health Care Provider:	Address:	Phone:
Name of Diabetes Care Provider:	Address:	Phone:
Names of Psychologist/Social Worker (list all that apply)	Address:	Phone:



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Do we have permission to speak to your child's mental health/diabetes/other health care provider?
_____ YES _____ NO

CAMP EXPERIENCE - SOCIAL HISTORY

Do you attend a diabetes support group? If YES, please list name and location:
Has camper been away from home overnight (other than with relatives or hospital)? Away for more than 2 days?
Does camper swim?
List camper's favorite hobbies/interests:
What is camper's activity level? Very Active Somewhat Active Generally Inactive
Has camper been to camp before? If YES, list where and for how long:
How did you hear about Extreme Weekend for Children with Diabetes?
Does camper wet the bed?



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DIABETES MANAGEMENT SKILLS

Does camper give his/her insulin?	Does camper know how to use his/her sliding scale/correction factor?
Does camper use an insulin pen? What kind?	Does camper know how to calculate insulin to carb ratios?
Does camper know how to count carbs?	Does camper do his/her own blood glucose checks?
Does camper use multiple daily injections?	What type of short-acting insulin is used? (Humalog/Novolog/Apidra) If Other, please list:
What type of long-acting insulin does camper use? (Lantus, Levemir, NPH):	
FOR PUMPERS:	List make/model of insulin pump:
Can camper change own sites?	Does camper rotate sites?
What kind of insulin does camper use in pump?	Where?(abdomen/arm/thighs/buttocks):
Does camper perform bolus deliver to cover carbs and/or correct a high blood sugar?	Does camper perform basal rate changes?
Does camper normally disconnect from pump for activities? If YES, please explain:	

For girls: Has your daughter menstruated? _____



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If NO, has she been told about it? _____

If YES, is her menstrual cycle regular/normal? _____ If NO, please explain:

CAMPER/PARENT GOALS

Camper: Explain what you like most or want to do while at camp:

Parent: What does your camper want to learn at camp? What would you like your camper to learn at camp? Explain why you are sending camper to camp:

Help us to understand your child so that he/she will have a positive, safe and happy camp experience. Please list any difficulties with **diabetes management, physical, emotional or psychological needs, behavioral problems, eating problems, social concerns, possibility of homesickness, etc and the techniques you find most useful for supporting your child.**

This information is extremely important in helping us provide the optimal camp experience for all campers. Please use the back if you need additional space.



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MEDICAL INFORMATION

Immunization record must be completed for acceptance!

You may substitute a school or state immunization form. If your child has not received the additional MMR booster after the original one at age 12-18 months, please consult your doctor. **Extreme Weekend medical staff strongly recommend that ALL campers be immunized against Hepatitis B and Meningitis. Tetanus immunization must be up to date (within the last 5 years.) Please consult your doctor.**

Vaccines	Date of Immunization	Date of last booster
DPT (Diphtheria, Pertussis/Whooping Cough, Tetanus)		
TD (Tetanus, Diphtheria) or Tetanus		
MMR (Measles, Mumps, Rubella)		
Tuberculin Test (most recent)		
Haemophilus influenza b(HIB)		
Polio		
Hepatitis B		
Meningitis (MCV4)		

Insurance Information:	
Do you carry family medical/hospital insurance?	Insurance Provider:
Policy Number:	Name of Insured:
Group Number:	
Address:	Medicaid(or other public health program) number:
Do you carry separate prescription coverage?	Prescription Plan Name:
Policy Number:	



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IMPORTANT INSTRUCTIONS

Please provide front and back copies of ALL insurance and prescription cards.

Non-diabetes medication: In addition to providing the name, dosage and frequency of your child's medication, please remember to bring any non-diabetes medication, prescription or non-prescription, in the original container. We cannot accept prescription medication that is not in the original pharmacy container with the name of the medication, frequency and dose, special instructions and expiration date.

COMPLETING YOUR CAMP ENROLLMENT

Please **make checks payable to AFC** (Adventures for the Cure, one of our primary funding support charities. More info at www.adventuresforthecure.com). On the check in the MEMO portion please write DESTINYEW. Please mail check with your completed application. If you would like to apply for financial assistance from Extreme Weekend for Children with Diabetes, please complete and mail the Financial Assistance Form, along with your completed application. If we do not receive completed forms and balance due on time, we will refund the deposit and your child will not be able to attend. If you have any question concerning this application, please contact Ron at diabetesdestinyinfo@gmail.com.

Deposit Amount: \$25 (Payable to AFC or Adventures For the Cure)

Due: ASAP

Balance: \$175.00 (Payable to AFC or Adventures For the Cure)

Date Balance Due: MARCH 3, 2012

Date forms Due: MARCH 3, 2012

Please Mail signed form to:

DESTINY/Extreme Weekend for Children with Diabetes

**Ron DeNunzio
715 Brentwood Dr.
Lititz, PA. 17543
717-471-4636**