



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

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

- Parent Consent Form -

MEDICAL TREATMENT RELEASE

I hereby give permission for the camp personnel to:

1. To provide ongoing medical care, including regular blood and urine tests for sugar and acetone and make insulin dose adjustments as necessary.
2. To select all medical personnel and order x-rays or any routine tests or treatment for the person listed above.
3. In an emergency, the camp medical director may seek to transport, hospitalize, secure treatment for, and order injections, anesthesia and/or surgery for medical or dental problems for the person named above. I understand that every effort will be made to notify me.
4. To share my child's medical information and camp records with their referring physicians, emergency personnel and other care providers as deemed necessary.

I give my permission to the DESTINY Extreme Weekend for Children with Diabetes staff to transport and admit my child to a hospital in the event that medical attention is necessary. This may include tests, x-rays, anesthesia, and/or surgery for medical or dental problems for the camper named above. I understand that the camp will notify me of any emergency as soon as possible. I understand that DESTINY/Extreme Weekend for Children with Diabetes is not responsible for injury that may result from accidents, illnesses or other causes.

RELEASE OF RECORDS

I hereby authorize my child's physicians, counselors, case workers and school personnel to release/share any records and information deemed pertinent to be included in the review of



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

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

- Parent Consent Form -

my child's application and participation at camp.

MEDIA RELEASE

I give permission for any pictures or video taken during camp which include my child to be published by DESTINY/Extreme Weekend for Children with Diabetes in any way deemed appropriate by the Directors. I may opt-out of this release by submitting a request in writing to Ron Denunzio (Mail: Ron DeNunzio 715 Brentwood Dr. Lititz, PA. 17543 or by email at destinydiabetesinfo@gmail.com).

BEHAVIORAL EXPECTATIONS

We are all coming to camp to have a safe, fun and enriching experience. To help meet these goals, appropriate behavior is expected of ALL campers in our care. Our expectations of campers:

- Follow all safety and medical rules.
- Eat a balanced meal. Reasonable alternatives are provided.
- Participate in scheduled camp activities.
- Refrain from the use of abusive language, violence or other inappropriate behavior.
- Stay with assigned group or cabin and treat other campers, counselors and staff with respect.
- Possession and/or use of tobacco products, alcohol, any illegal substance, or medication not registered with the camp nurse are prohibited and will result in immediate expulsion and/or prosecution.

If a camper is having difficulty adhering to these expectations, they will be counseled and encouraged to modify their behaviors. If inappropriate activity continues, a camper has



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

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

- Parent Consent Form -

agreed to a behavioral contract, and, ultimately, be asked to return home if the inappropriate behavior persists. A child having difficulty adhering to these expectations risks losing the privilege of returning to camp in the future. By fulfilling these camp expectations, we foresee a cooperative and fun session.

Any behavioral issues at DESTINY/Extreme Weekend for Children with Diabetes may affect admission into future camp sessions. DESTINY/Extreme Weekend for Children with Diabetes reserves the right not to accept applications from children/teens that, after repeated attendance at camp, do not meet these behavioral expectations and/or have not received counseling as recommended by DESTINY/Extreme Weekend for Children with Diabetes staff.

CANCELLATION AND REFUND POLICY

A complete refund (minus the \$25.00 registration fee) will be given for written cancellations received by the Director at least 14 days prior to the start date of the session which your child is enrolled. No refunds will be given without written notice. If a camper does not show up for his/her session or leaves before the end the session for any reason (including homesickness or being sent home for a violation of camp rules and policies), no refund is given. Camp fees will not be pro-rated if a camper leaves a session before its completion. Advance notice of cancellation will allow us to fill your valuable space with another camper. Camp fees are not transferable to other camp programs.

WEEKEND LONG COMMITMENT

We prefer not to let campers leave early, arrive late, or leave and return later. However, on a case-by-case basis, we will allow it. No camper will be allowed to leave the camp after they are registered unless there is prior notice given to the Director two weeks before the



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

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

- Parent Consent Form -

start of camp. There will be an additional release form that must be signed by the parent or guardian at the time the camper needs to leave and also the camper and parent or guardian must sign back in when the camper comes back to the camp. Please try to avoid scheduling other obligations during this weekend.

I have read this document in its entirety and agree to all statements.

Signature of parent or legal guardian _____ **Date** _____

Witness (must be witnessed by an adult) _____ **Date** _____

*Camp application will be returned to you if this permission is not witnessed and dated.

In regard to the behavioral expectations, I have read this with/to my child, and we understand and agree to these conditions. Both parent AND camper MUST sign.

Signature (camper) _____ **Date** _____

Name Printed _____

Signature (parent) _____ **Date** _____

Name Printed _____

Please Mail signed form to:

DESTINY/Extreme Weekend for Children with Diabetes

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