



**LION'S CAMP HICKORY
THE DAY CAMP ON THE SENECA RIVER
FOR CHILDREN WITH TYPE 1 DIABETES**

P.O. Box 108
Baldwinsville, New York 13027



We Serve

Dear Parent,

Here is the application for Lion's Camp Hickory, the day camp for children with type 1 diabetes. Please provide all the information that is requested in the application that is applicable to your child. Additionally, your child's diabetes care provider must fill out the physical exam form and it must be included with your application package.

Please be aware that the medical forms portion of the application will only be seen by the medical staff of Lion's Camp Hickory. **Additionally, the medical forms are new for 2010. There is both a doctor's form and a parent's form.**

When sending your application, please include the camper fee (\$75.00) and 2 head and shoulder pictures of your son/daughter. Wallet size school pictures are ideal for this requirement. One copy will be kept in the camper's file and the other will be readily available to the counselors working with the campers group. We are requesting this photo for the safety of your child.

Once you have completed the application package, please mail it to Lion's Camp Hickory, Inc, Attn: Application Review Committee, P.O. Box 108, Baldwinsville, NY 13027. Applicants will be reviewed and accepted on a first received basis. We refuse to accept any camper with medical conditions beyond our scope of care at camp. **Applications are due no later than May 15, 2010.**

On the application, please indicate the **preferred** camp session. However, please be advised, while we will make every effort to accept the camper during the preferred session, we must also strike a harmonious balance at each session and consequently, you may not get the preferred session. Upon acceptance, you will receive a camper and parent package by late May or early June.

While a camper's parent or guardian is welcome to visit camp unannounced, you must still check in with the medical coordinator upon arrival. Please note – staying all day is not considered a casual visit and will be discouraged. If your child is unable to be a part of camp without you, your child may not be ready for camp. Further, it is the general policy of Lions Camp Hickory, Inc. not to accept parents of campers as camp volunteers or staff.

We sincerely hope that Lion's Camp Hickory proves to be a fun filled and educational experience for your child. Should you have any questions, please call (315) 638-3328 and leave us a message. We will try to return your call within 48 hours or by E-mail to Jack Osinski at josinski@twcny.rr.com.

Lion's Camp Hickory is for children with type 1 diabetes between the ages of 6 – 12 years old. Please do not request an opportunity to bring a guest of the camper or a sibling. The camp is strictly limited to accepted campers.

Very truly

Lion's Camp Hickory, Inc.

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P.O. Box 108
Baldwinsville, New York 13027

CAMPER APPLICATION - 2010			
Preferred Camping Session _____ July 12 - 16 _____ July 19 - 23			
Please print Last:	First:	M.I.:	T-shirt size youth (circle) S M L Adult S

Mailing address:	City:	State:	Zip:

Age:	D/O/B:	Sex	Home Phone ()

Please print name of Parent(s)/Guardian(s) Last:	First:	M.I.:	

Mother's Work phone & fax Phone () Fax ()	Father's Work Phone & Fax Phone () Fax ()	Cell# () Pager () E-mail	
Name of Emergency Contact (other than parent):	Relation to Camper:	Emergency contact Home () Cell ()	

Has this applicant ever attended a day camp? Yes ___ No ___ If yes, list age _____

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

What would the camper like to learn at Lion's Camp Hickory?: _____

INSURANCE INFORMATION - 2010

Camper Name:	Social Security #	Age:	D.O.B.
<hr/>			
Parent Name:	Policy Holder Social Security #:		
<hr/>			
Parent Home Phone #	Parent Work Phone #	Parent Cell Phone #:	
<hr/>			
Address:	City:	State:	Zip:
<hr/>			

Health Insurance Company/Medicare/Medicaid: (if none of the above, write "none")			
<hr/>			
Address:	City:	State:	Zip:
<hr/>			
Policy/Group Number:			
<hr/>			

Lion's Camp Hickory
Camper Physical Examination 2010

(To be completed by camper's diabetes healthcare provider)

Dear Provider,

Your cooperation in completing this form for the below named applicant would be greatly appreciated. The child will not be accepted to attend camp without this completed form. Thank you.

Date of Exam: _____

Name of applicant: _____ Sex: M F

Date of Birth ____/____/____

When was diabetes diagnosed? _____

Method of Diabetes Control: PUMP INJECTIONS: PEN OR SYRINGES

Target Blood Glucose Range:

Breakfast _____ Lunch _____

Dinner _____ HS _____

Last A1c level _____% Date _____

Your lab's normal range _____ - _____%

Severe Hypoglycemia or known DKA in past 12 months? YES NO

If yes, please explain

Any significant illness in past 12 months? _____

Brand/Type of insulin used:

LILLY	Humalog	NPH	
NOVO	Novolog	NPH	Detimir
AVENTIS	Apidra	Lantus	

OTHER (specify brand/type) _____

*****Please attach a copy of child's most recent sliding scale (including long acting insulin dose) and/or BG correction information (pumpers)*****

Does the child take any other medications? Please list:

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 and/or camper emotional problems which may affect the camper's 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 so, what is the nature or 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

Doctor's statement page 2

Do you have any suggestions for the care of this particular camper while at camp?

Additional comments: _____

Health care provider's name (printed) _____

Address: _____

Phone: _____

Fax: _____

Signature: _____ Date: _____

Forms may be sent directly to the attention of
Medical Staff
Lion's Camp Hickory
PO Box
Baldwinsville, NY 13027

To Be Filled Out By Parent/Guardian and Returned with Application

When was diabetes diagnosed? _____
Has there been any significant illness or diagnosis in the past 12 months? YES NO
If yes, please explain _____

MONITORING

Meter used: _____
How often is blood glucose checked? _____
When are ketones checked? _____
How are ketones checked? _____ urine _____ blood
Has there been DKA (Diabetic Ketoacidosis) in the past 12 months? YES NO
If yes, please explain _____

MEALS AND SNACKS

Type of meal plan: _____None _____Exchanges _____Carbohydrate Counting

Carbohydrate Ratios

Breakfast _____ Lunch _____ Dinner _____
AM Snack _____ PM Snack _____ Bedtime Snack _____

EXERCISE

Usual activity: _____ School Sports? YES NO

Limitations: _____

HYPOGLYCEMIA

Usual "low blood sugar" symptoms _____
Does child know if she/he is "low"? YES NO
Has there been any severe hypoglycemia in the past 12 months? YES NO
Has child ever had a seizure or convulsions? YES NO
How many times has this happened? _____ When was the last seizure? _____
Were the seizures or convulsions related to "low blood glucose"? YES NO
Explain: _____

IMMUNIZATIONS: * Please provide a copy of child's immunization record from pediatrician or school. This is required by New York State*****

ALLERGIES

Please list allergies to food, medicine, dyes, insects, etc:

Does child have an Epipen? YES NO

MEDICATIONS

Please list medications taken on a regular basis other than insulin

To Be Filled Out By Parent/Guardian and Returned with Application

INSULIN

LILLY Humalog, NPH
 NOVONORDISK Novolog, NPH, Detimir
 AVENTIS Apidra, Lantus

OTHER: _____

Doses:	Time	Type	Amount
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Method: Syringes Insulin Pen Insulin Pump
 (see **INSULIN PUMPS** below)

INSULIN PUMPS

****Please send an extra set of pump supplies and an extra set of batteries to camp in case an emergency set or battery change is needed.**** Routine site changes should be done at home. Because there are many different kinds of pumps and infusion sets, we are not able to stock all the available brands of supplies at camp.

Brand/Model (Example: Minimed 522) _____

Infusion set _____ Insertion device _____

How long has child been using a pump? _____

Is child familiar with operation of his/her pump? YES NO

If no, explain _____

List Basal Rates:

Time	Rate
12 midnight	

How does the child correct for high glucose levels?
 (Ex: 1 unit lowers BG by 50 mg/dl to target level of 120 mg/dl)

When does the child correct for a high glucose level (Other than meal times)

Does the child experience any particular challenges with operation of the pump?

What assistance does the child require in the operation of the pump?

CONSENT FORM - 2010

I (we) hereby apply for admission of my child _____
to the day camp for children operated by Lion's Camp Hickory, Inc.

- I (we) understand my child shall be subject to the same camp rules as other children.
- I (we) consent to my child being given the diet, insulin dosage and blood glucose monitoring as deemed best by the diabetes care provider in charge and to my child being given other medical care and testing that may be medically necessary while my child is at camp. I (we) further consent to the release of any test results to the Public Health Authorities, if such release is required by any law, statute or regulation.
- I (we) freely give permission to my child's health care providers (including without limitation physicians, physician's assistants, clinical nurse practitioners, RNs, RDs, therapists, psychologists, etc) to release information pertaining to my child to the Lion's Camp Hickory for their use at camp.
- I (we) consent to my child being photographed and that any such photographs may be used for publicity and fund raising purposes as determined by the Lion's Camp Hickory, Inc.
- I (we) understand that while Lion's Camp Hickory, Inc. may supply insulin, syringes, monitoring supplies and routine first aid care required at camp, I (we) shall be 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.
- In order to assist in the prompt treatment of my child, I (we) hereby consent to any necessary medical or surgical treatment and testing of my child of an emergency nature. Below my signature I have listed the policy number for any applicable policies of hospitalization insurance that I (we) carry on this child (including Medical Assistance).
- I (we) authorize the appropriate representative of Lion's Camp Hickory, Inc. to release the information concerning my hospitalization insurance to any provider of medical or surgical services to my child.
- In consideration of Lion's Camp Hickory, Inc. allowing my child to attend it's day camp, I (we) hereby release Lion's Camp Hickory, Inc., its agents, officers, volunteers, employees, assigns and medical staff, from any liability arising out of and in connection with my child's participation in camp for any reason other than the negligence of Lion's Camp Hickory, Inc.
- I (we) are aware of and shall abide by the Camper Pick-Up Policies.

Further, I (we) have read, understand and agree to the terms of this consent form.

Signatures of parent(s) or legal guardian:

_____ Date _____
Mother (legal Guardian)

_____ Date _____
Father

Insurance Co. _____

Policy # _____ Group # _____

Name of policy holder (insured) _____

**Camper/Parent Agreement on Camp Rules
Behavior Contract - 2010**

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 liable for damages caused.

I will not use foul or abusive language.

I will not engage in any sexual contact.

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, ethnic/racial/religious slander of any person or group.

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

If I do not follow these rules, I:

- a. Can be promptly dismissed from camp.
- b. Must have parent/guardian come to camp to pick me up.
- c. Forfeit all camp fees.
- d. 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 up my child from camp if he/she breaks this "contract".

_____ Date _____
Camper signature

_____ Date _____
Parent(Guardian) signature

**Camper Pick-Up
Policy - 2010**

1. It is expected that the parent or legal guardian of the camper will make the daily pick-up from camp.
2. When submitting the camper application, for the safety of the child, please include a copy of the driver's license of both parents or guardians. In the event the photograph on the license does not copy clearly, please submit a head and shoulders photograph of both parents or guardians.
3. If you anticipate having the camper picked up by another relative or friend, please, for the safety of your child, submit a copy of the driver's license of that person. In the event the photograph on the license does not copy clearly, please submit a head and shoulders photograph of this person.
4. No camper will be released to any individual that is not either the parent/guardian or other person properly authorized by the parent/guardian, in accordance with #3 above.
5. No camper will be released prior to the end of the camp day to **ANY** individual, except the parent/guardian without express written consent of the parent/guardian, hand delivered to the Camp Director, on the day of early pick up. Compliance with #3 above is required.
6. No camper, under any circumstance, will be permitted to leave camp on his/her own to walk home or seek public transportation.
7. In the event early pick-up is attempted or pick-up by others not previously authorized by you and in compliance with #3 above, the camper will not be released until authorized by a police agency which will be contacted and requested to respond to the camp site.
8. Lion's Camp Hickory, Inc. has the right to fully depend on the accuracy and completeness of the information you provide in accordance with this policy.
9. Lion's Camp Hickory, Inc. takes the responsibility of your child's safety while at camp very seriously. If there is **ANY** question as to an individual sent to pick-up your child, it will be immediately referred to the police if we can not reach you. If we can not reach you, your child will not be released until the police agency is comfortable with information they are receiving. Please advise your child of this policy.

Lion's Camp Hickory Application Checklist

- 2 Head and shoulder pictures of camper
- Copy of photo ID (NYS drivers license) of camper transporter
- Copy of photo ID (NYS drivers license) of other authorized camper transporter
- Camper application – all pages
 - Please remember to indicate tee shirt size
- Camper information
 - Insurance information
 - Consent form
 - Behavior contract
- Doctor's Physical exam forms – all pages
- Parent's Medical Form
- Record of immunizations
- Tuition check - \$75.00, payable to Lion's Camp Hickory