KAA PARTICIPANT DIABETIC POLICY

Each diabetic Participant **MUST** complete this form and Health Form online or submit hardcopy.

**Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_**

 **Gender: M / F Year Diagnosed: \_\_\_\_\_\_\_\_\_\_**

**Group Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**On Site Leader \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Kamp: (please circle) 1, 2, 3**

**Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant’s Primary Dr.**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Secondary Emergency Contact**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**KAA Kamps welcomes and accepts the diabetic Participant when the following conditions are understood and agreed to by the Participant. We recognize that there are limits to the type of care we can offer you. The Kamp Health Center is not an equipped emergency department and can only offer initial supportive care in the case of an emergency. It is our greatest desire that every Participant at KAA have a safe and happy Kamp experience. It is with this in mind that we offer the following agreement for your consideration and signature.**

\_\_\_\_ The Participant’s diabetes must be controlled and regulated with date of original diagnosis being at least 12 months or more from the arrival date at Kamp. The Participant must be able to recognize signs and symptoms of blood glucose levels being out of safe and healthy normal range.

\_\_\_\_ The Participant must be able to manage food intake and make adjustments in food selections from our Kamp menu.

\_\_\_\_ The Participant must be responsible and able to self-manage blood glucose levels by counting carbs, monitoring blood sugars at scheduled times, and able to safely administer insulin accordingly.

\_\_\_\_ The Participant will supply all necessary equipment (i.e.accucheck/blood glucose machine for checking blood sugars, strips for the machine, lancets, etc.), medication and snacks needed for the duration of his/her time at Kamp.

\_\_\_\_ A written and signed order with parameters to follow will be provided for individuals on a sliding scale insulin regimen. The Kamp nurse or physician **will not** be held responsible for managing carb counts or insulin dosage with no exceptions. Any need for changes in insulin dosage or sliding scale must be done by written or faxed order from individual’s physician.

**Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_ Gender: M / F**

\_\_\_\_ The Participant must wear a **Red arm band** at all times while on Kamp property to be identified by staff as a diabetic.

\_\_\_\_Out-of-Kamp trips must be cleared in advance with the Kamp director and Kamp Health Services Director.

\_\_\_\_ Reasonable control of the illness must be maintained while you are a Participant. Should the Participant’s condition become unstable, the Kamp Director and Health Services Director will discuss the advisability of termination of the retreat experience with you. You must recognize that attending the retreat with a chronic illness such as diabetes entails certain risks for your health.

\_\_\_\_ I acknowledge that I have read the Diabetic policy. I understand and agree to adhere to KAA guidelines in place.

Participant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_