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KAMPER DIABETIC POLICY

**Kampers 12 years and younger who have been diagnosed with diabetes are no longer eligible to attend.**

Each diabetic Kamper **MUST** completed this form and Kamper Health Form online or submit hardcopy,

**Kamper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_**

**Gender: M / F Year Diagnosed: \_\_\_\_\_\_\_\_\_\_ Kamp:(please circle) 2, 3, HG Session # \_\_\_\_\_**

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

On Site Leader\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_KAA:(please circle) 2, 3

**Parent/Guardian Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Secondary Emergency Contact**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kamps welcomes and accepts diabetic Kampers when the following conditions are understood and agreed to by the Kamper and the parent(s)/guardian(s). We recognize that there are limits to the type of care we can offer your Kamper. 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 Kamper 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.

***Please initial each paragraph after reading the policy, then sign and date the following page. If this form is for a Kamper under 18 years of age, the Parent must also read and sign the form.***

\_\_\_\_ The Kamper‘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 Kamper must be able to recognize signs and symptoms of blood

glucose levels being out of safe and healthy normal range.

\_\_\_\_ The Kamper must be able to manage food intake and adjust food selections from our Kamp menu.

\_\_\_\_ The Kamper 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 Kamper 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.

**Kamper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_**

**Gender: M / F Kamp:(please circle) 2, 3, HG Session #\_\_\_\_\_\_\_**

\_\_\_\_ 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.

 \_\_\_\_ The Kamper 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 the child is a Kamper. Should the Kamper’s condition

become unstable, the Kamp Director and Health Services Director will discuss with the parents the advisability of

termination of the Kamping experience. Parents must recognize that sending a child to Kamp with a chronic illness

such as diabetes entails certain risks for their child’s health.

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

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

Kamper’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

