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CAMPER DIABETIC POLICY

**Campers 10-12 years must have regulated diabetes and not diagnosed within 6 months of camp start date.**

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

 **Camper 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 #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

KAA Kamps welcomes and accepts diabetic campers when the following conditions are understood and agreed to by the camper and the parent(s)/guardian(s). We recognize that there are limits to the type of care we can offer your camper. 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 camper at KAA have a safe and happy camp 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 camper under 18 years of age, the Parent must also read and sign the form.***

\_\_\_\_ The camper‘s diabetes must be controlled and regulated with date of original diagnosis being at least 12 months

 or more from the arrival date at camp. The camper must be able to recognize signs and symptoms of blood

 glucose levels being out of safe and healthy normal range.

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

\_\_\_\_ The camper 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 camper 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 camp.

**Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_**

**Gender: M / F Camp:(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 camp 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. **Please notify the Health Director if camper has insulin pump.**

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

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

\_\_\_\_ Reasonable control of the illness must be maintained while the child is a camper. Should the camper’s condition

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

 termination of the camping experience. Parents must recognize that sending a child to camp 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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