



ATTENDEE DIABETIC POLICY

Attendee must have regulated diabetes and not diagnosed within 6 months of camp start date.

Each diabetic attendee **MUST** complete this form and the appropriate Health Form online or submit hardcopy.

Attendee Name: _____ DOB: _____ Age: _____

Gender: M / F Year Diagnosed: _____ Camp:(please circle) 1, 2, 3, Kaleo Week: _____

Group Name: _____

On Site Leader _____ Cell _____ KAA:(please circle) 1, 2, 3

Emergency Contacts:

Parent/Guardian Name: _____ Phone # _____

Secondary Contact: _____ Phone # _____

Attendee's Primary Dr.: _____ Phone # _____

KAA Camps welcomes and accepts diabetic attendees when the following conditions are understood and agreed to by the attendee and applicable parent(s)/guardian(s). We recognize that there are limits to the type of care we can offer. 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 attendee at KAA have a safe and happy camp experience. It is with this in mind that we offer the following agreement for your 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 attendee's diabetes must be controlled and regulated with date of original diagnosis being at least 6 months from the arrival date at camp. The attendee must be able to recognize signs and symptoms of blood glucose levels being out of safe and healthy normal range.

_____ The attendee must be able to manage food intake and adjust food selections from our camp menu.

_____ The attendee 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 attendee supplies all necessary equipment (i.e. Accu-Chek/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) 1, 2, 3, Kaleo

Week: _____

_____ A written and signed order with parameters to follow are provided for individuals on a sliding scale insulin regimen. The camp nurse or physician **are not** 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 attendee has insulin pump.**

_____ The attendee 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 in attendance. Should the attendee's condition become unstable, the Camp Director and Health Services Director will discuss with the parents (if applicable) 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.

Signature _____ Date _____

Parent/Guardian must sign if the attendee is under 18.

Camper's Signature _____ Date _____

