

## JDRF Arizona Camp T1 Fun Camper Application

Date: September 22, 2017- September 24, 2017

**What happens during a camper weekend with JDRF Arizona's Camp T1 Fun at Triangle Y in Oracle, AZ?**

- Fun, fun and more fun!!
- Outdoor activities (hiking, archery, campfires, climbing walls, swimming, and much more).
- Indoor activities (dances, arts and crafts and much more).

**Who is eligible?**

Any child between the ages of 7 and 15 and has been diagnosed with type 1 diabetes.

**\*\*Please note: Newly diagnosed children or those who will be attending camp for the first time will receive first consideration.\*\***

**Accommodations:**

Children will be housed in the bunkhouse. Healthy meals will be provided. We may not be able to accommodate some dietary concerns or menu preferences. Some specialized diets may need to be provided by the family. Please contact **Stacy Gopp** at 520.203.8084 or [sgopp@jdrf.org](mailto:sgopp@jdrf.org) if there is a specific dietary concern to determine if we are able to meet those needs or if you will need to provide food. If medical equipment is brought for the camper, please bring a surge protector that is clearly labeled with the child's name on it. Service dogs may be present during camp sessions. Please be aware in the event your child may have a fear of or allergies to dogs.

**Medical coverage**

Medical personnel will always be available on site during camper weekends to provide services and support as needed to ensure a safe camp experience.

**To apply:**

Complete the camper application. This includes:

- Camper Application Form
- Camper Diabetes Medical Form for each Camper (**physician signature is required**)
- Parental Waiver and Consent Form
- Copy of insurance card (front and back) for Camper
- Copy of Immunization Record for Camper (child with illness)

Once completed application has been received, your application will be put up for review. You will receive notice within 7 days of your application's status.

**Return the completed application to no later than  
Friday, September 8, 2017:**

**JDRF Arizona Chapter  
4343 East Camelback Road, Suite 230  
Phoenix, AZ 85018  
Email: [Arizona@jdrf.org](mailto:Arizona@jdrf.org) or Fax: 602.224.1801**

## CAMPER APPLICATION

(Please print)

Camper's Name: \_\_\_\_\_  Male  Female

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Diagnosis/Condition(s): \_\_\_\_\_

### Contact/Emergency Information:

Parent or Guardian Name: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Alternate Contact:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

What Hospital do you use? \_\_\_\_\_

### How did you learn about camp?

- Friends/family member  JDRF Arizona Camp T1 Fun Staff/JDRF staff  
 Media  School: \_\_\_\_\_  
 Website (specify): \_\_\_\_\_  
 Hospital/Care Center (specify): \_\_\_\_\_

- **Child must bring all prescribed and over the counter medications and supplies to camp in the original box/bottle.**
- **Camp will provide meters and testing supplies, keytone strips, insulin syringes/pens only.**
- **Campers who use an insulin pump are required to bring the following items:**
  - ✓ 5 Infusion Sets
  - ✓ 5 Reservoirs
  - ✓ IV Prep Pads
  - ✓ Uni-Solve Pads
  - ✓ Alcohol Pads
  - ✓ Infusion Set Inserter
  - ✓ Batteries
  - ✓ Numbing Cream if used

## AUTHORIZATION TO PROVIDE MEDICAL TREATMENT

Camper Name: \_\_\_\_\_ Birth date \_\_\_\_\_

I hereby authorize the JDRF medical volunteers, to provide for the giving of emergency medical care or treatment, including medicines or other medical treatment as may be appropriate while the child is in the care of the JDRF Arizona Camp T1 Fun. Notification of the parent will always be attempted.

I understand that information pertaining to my child may be shared with/released to appropriate personnel for the purpose of treating and/or supervising my child (including, but not limited to camp staff, referral centers and/or insurance companies). I further agree that this authorization includes the administration of all prescribed medications and treatments previously listed in this application and shall be effective until revoked.

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
Signature of Parent/Guardian  
(Signature is Mandatory)

Date \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

## INSURANCE INFORMATION

*(To be used for special tests or medical consultations)*

Please complete and attach a copy of child's insurance card

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### **Primary Insurance:**

Name of Insurance Company \_\_\_\_\_

Policy Number or CIN# \_\_\_\_\_

Medicaid Number (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Prescription Plan (Co, ID#) \_\_\_\_\_

If group insurance, specify company \_\_\_\_\_

Name of parent who insures child \_\_\_\_\_

### **Secondary Insurance:**

Name of Insurance Company \_\_\_\_\_

Policy Number or CIN# \_\_\_\_\_

Medicaid Number (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Prescription Plan (Co, ID#) \_\_\_\_\_

If group insurance, specify company \_\_\_\_\_

Name of parent who insures child \_\_\_\_\_

## PHOTO RELEASE PERMISSION

I do give the JDRF Arizona Camp T1 Fun and JDRF, Arizona Chapter permission to photograph and use pictures of

\_\_\_\_\_  
Name of camper

The philosophy of JDRF Arizona Camp T1 Fun and JDRF is to photograph children infrequently. With this permission, camper photographs may be included in a bulletin board, newsletter, video, internet or camp album. Camp respects the privacy of its campers and does not allow unauthorized visitors to photograph the camp or campers.

\_\_\_\_\_  
Signature of Parent/or Guardian

\_\_\_\_\_  
Date

# JDRF ARIZONA CAMP T1 FUN

## Release and Waiver of Liability and Indemnity Agreement

**THIS IS A RELEASE OF YOUR RIGHTS. PLEASE READ CAREFULLY BEFORE SIGNING.**

**IN CONSIDERATION OF THE VOLUNTARY USE OF THE FACILITIES AND PARTICIPATION IN THE PROGRAMS OF JDRF ARIZONA CAMP T1 FUN FOUNDATION, I HEREBY AGREE ON MY BEHALF AND ON BEHALF OF MY CHILD AND EACH OF THE RELEASING PARTIES TO THE FOLLOWING:**

1. I hereby release, waive, discharge and covenant not to sue JDRF Arizona Camp T1 Fun, the JDRF, Arizona Chapter, its directors, officers, representatives, employees, volunteers, doctors, nurses, and related medical staff, independent contractors and agents (collectively, the “Released Party”) for from and all liability to me, my child and children, my personal representatives, assigns, heirs, and next of kin (“Releasing Parties”) for any and all claims for loss or damages for death, personal injury, property damage or any other harm, damage, loss or claim of any nature whatsoever including, without limitation, any such claim, damage, loss or expense that is attributable to bodily injury, sickness, disease or death, or to damage, loss or destruction of personal property, whether known or unknown, existing or contingent, arising out of or resulting from, in whole or in part, any act, omission or negligence of the Released Party, or in any way related to the Releasing Parties’ entrance onto, access to, or use of the JDRF Arizona Camp T1 Fun facilities or premises (“Claims”) which may accrue to or on behalf of me or my child or any other Releasing Party, as a result of or related to participation in any program, activity, travel or outing coordinated or organized by or affiliated with the JDRF Arizona Camp T1 Fun or the presence in any JDRF Arizona Camp T1 Fun facility or facility used by JDRF Arizona Camp T1 Fun.
2. I understand that accidents, health related incidents and personal injuries or property damage can arise out of my child’s presence at any JDRF, Arizona Chapter and JDRF Arizona Camp T1 Fun facility and/or participation in programs, activities, travel and outings of the JDRF Arizona Camp T1 Fun, and knowing those risks exist, nevertheless, I hereby agree to assume those risks and agree to release, indemnify, defend and to hold harmless the Released Party for, from and against any Claims whether through negligence, carelessness or otherwise.
3. I expressly agree that the foregoing releases, waivers, and indemnities contained herein are intended to be as broad and inclusive as is permitted by the laws of the State of Arizona and that if any portion thereof are held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
4. I hereby acknowledge, agree, and represent that I have, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program, and that such entry into JDRF Arizona Camp T1 Fun for observation or use of any facilities or equipment or participation in any affiliated program or activity constitutes an acknowledgement by me that such premises and all facilities and equipment thereon and such affiliated program and activities have been inspected and carefully considered and that I find and accept the same as being safe and reasonably suited for the purpose of such observation, use, activity or participation.

**I have read and voluntarily sign this Release and Waiver of Liability and Indemnity Agreement, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.**

**I HAVE READ THIS RELEASE AND EXECUTE ON BEHALF OF MYSELF, MY CHILD AND THE RELEASING PARTIES:**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Emergency Phone Number

## CHILD/PARENT BEHAVIOR CONTRACT

### Concerning Rules & Expectations at JDRF Arizona Camp T1 Fun

I will stay on the property during the JDRF Arizona Camp T1 Fun 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, JDRF Arizona Camp T1 Fun property and personal property of others. If I do not, my family will be responsible for damages caused.

I will not use bad language.

I will not engage in 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 or ethnic/ racial/ religious/ political slander of any person or group.

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

Any threatening or bullying behavior toward another Camper that is reported before, during or after Adventure Week can result in my being denied acceptance at JDRF Arizona Camp T1 Fun.

**I will not bring to JDRF Arizona Camp T1 Fun any phones, players, or electronic games.**

If I do not follow these rules; I .....

- 1) Can be promptly dismissed from JDRF Arizona Camp T1 Fun
- 2) Must have parent/guardian come to JDRF Arizona Camp T1 Fun and pick me up.
- 3) Risk losing the privilege of returning to JDRF Arizona Camp T1 Fun in the future.

I have read and understand the rules and will help enforce them. In addition, I have read and explained the JDRF Arizona Camp T1 Fun rules to my child and believe that he/she understands them. I agree to pick my child up from Adventure Week if he/she breaks this contract.

\_\_\_\_\_  
Camper Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## DIABETES CAMPER MEDICAL FORM

**MUST** be filled out by family and signed/authorized by Physician

Camper Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 Gender:  M  F Diabetes diagnosed: \_\_\_\_/\_\_\_\_\_  
 Most recent HbA1c: \_\_\_\_\_ % on Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 Most recent weight: \_\_\_\_\_  lbs  kg Most recent height: \_\_\_\_\_  in  cm  
 Special dietary considerations (e.g. gluten-free, food allergies): \_\_\_\_\_  
 Environmental or medication **ALLERGIES**: \_\_\_\_\_

**Injections:**  vial & syringe or  pens & pen needles **Celiac disease?**  Yes or  No  
**Pump:** (Brand and model): \_\_\_\_\_ **CGMS?** (Brand and model): \_\_\_\_\_

**Insulin:**  
**Long-acting:**  Lantus  Levemir  N or NPH – dose(s): \_\_\_\_\_  
 Pump basal rates: \_\_\_\_\_

**Short-acting:**  NovoLog  Humalog  Apidra  Regular **Other** (e.g. 70/30, 75/25): \_\_\_\_\_  
 Dosing of short-acting or other insulin (choose one):  carb ratios (adjustable) or  fixed doses

**Carb ratios (or doses) by meal:**

Breakfast: \_\_\_\_\_  Lunch: \_\_\_\_\_  Dinner: \_\_\_\_\_  Snacks: \_\_\_\_\_

**Or**  use bolus calculator in pump to calculate carb coverage

**High sugar correction doses** (choose one):  correction formula/equation or  sliding scale  
 Correction formula: for BG > \_\_\_\_\_, give 1 unit for every \_\_\_\_\_ (insulin sensitivity) above a target BG of \_\_\_\_\_

**Or**  use bolus calculator in pump to calculate corrections  Sliding Scale: \_\_\_\_\_

**Medications (other than insulin or glucagon; include time(s) of day taken; attach separate list if more than four meds):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Are there any specific emotional, developmental, behavioral or physical issues/disorders of which the camp staff needs to be aware in order to properly care for the camper?  No or  Yes – explain:

\_\_\_\_\_

Does the camper suffer from bedwetting?  Yes or  No

Physician name (printed): \_\_\_\_\_ MD / DO / NP / PA / other: \_\_\_\_\_  
 [Please attach a business card or cover page / letterhead with practice contact information.]

I signify that this camper is physically and emotionally capable of attending the JDRF Arizona Camp T1 Fun/JDRF Weekend, and that the above information is accurate to the best of my knowledge.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

**Return the completed application to:**  
**JDRF Arizona Chapter**  
**4343 East Camelback Road, Suite 230 Phoenix, AZ 85018**  
**Email: Arizona@jdrf.org or Fax: 602.224.1801**