

JDRF Camper Application

October 4th - 6th, 2019
PRESCOTT PINES – Prescott, AZ

- Join a life changing camping experience filled with excitement, challenges, fun and friendship!
- Activities such as human foosball, gaga pit, archery, arts & crafts and much more!
- Open to children ages 7-15 diagnosed with type 1 diabetes
- Medically staffed throughout entire weekend
- Children will be housed in cabin style lodging
- Healthy meals will be provided, most dietary needs accommodated

****Newly diagnosed children and those who have NOT attended any diabetes camp will receive first consideration.****

****IMPORTANT** TO BE CONSIDERED, APPLICATIONS MUST BE SUBMITTED WITH ALL 7 COMPLETED DOCUMENTS LISTED BELOW:**

- ✓ Camper Application (**FORM 1**)
- ✓ Authorization to Provide Medical Treatment (**FORM 2**)
- ✓ Insurance Information (**FORM 3**) (+ copy of insurance card)
- ✓ Release and Waiver of Liability and Indemnity Agreement (**FORM 4**)
- ✓ Child/ Parent Behavior Contract and Photo Release Permission (**FORM 5**)
- ✓ Diabetes Camper Medical Form (**FORM 6**) (Needs physician signature + practice information)
- ✓ Copy of Immunization Record for Camper

Once your **COMPLETED** application has been received and reviewed, you will be notified by email of your status.

**ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED-
INCOMPLETE APPLICATIONS WILL BE REJECTED!**

Application deadline is August 19, 2019.

APPLICATION MUST BE FAXED TO: 602-224-1801 or mailed to this address:

JDRF Arizona Chapter
Attn: Wendi Willock
4343 East Camelback Road, Suite 230
Phoenix, AZ 85018

For more information or questions, please contact:
Wendi Willock, wwillock@jdrf.org, 602-224-1829

Thank you to Thunderbirds Charities for fully funding this impactful weekend!



CAMPER APPLICATION (FORM 1- PLEASE PRINT legibly!)

Basic Information

Camper's Name: _____ Male Female

Birth date: ____/____/____ Age: _____ T SHIRT SIZE (circle): ADULT/ YOUTH S / M / L / XL

School: _____

Date of Diagnosis: ____/____/____

Primary Diagnosis/Condition(s): _____

Contact/Emergency Information

Parent or Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail Address: _____

Alternate Contact

Name: _____ Relationship to Camper: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

What hospital do you use? _____

Have you ever attended a diabetes camp before? (circle one) YES/ NO

-If so, which one and when? CAMP NAME _____ DATE _____

How did you learn about camp? (Check one)

- Friends/family member
 JDRF Fun Camp Staff/JDRF staff
 Media
 Website (specify): _____
 Hospital/Care Center (specify): _____

➤ **Child must bring all prescribed and over the counter medications/supplies to camp in the original box/bottle.**

➤ **The CAMP will provide all type 1 diabetes supplies, except the following:
 (Campers who use an insulin pump are required to bring the following items)**

- ✓ 5 Infusion Sets
- ✓ 5 Reservoirs
- ✓ IV Prep Pads
- ✓ Uni-Solve Pads
- ✓ Infusion Set Inserter
- ✓ Batteries
- ✓ Numbing Cream if used



AUTHORIZATION TO PROVIDE MEDICAL TREATMENT (FORM 2)

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 FUN CAMP. 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/Guardian Name _____

Signature of Parent/Guardian _____

(Signature is Mandatory)

Relationship to child: _____

Date _____



INSURANCE INFORMATION (FORM 3)

To be used for special tests or medical consultations

Please complete and attach a copy of child's insurance card (front and back).

Primary Insurance

Name of Insurance Company _____

POLICY Number/ID# or CIN# _____

GROUP Number _____

Medicaid Number (if applicable) _____

Billing Address _____

Billing Phone Number _____

PRESCRIPTION Plan (Co, ID#) _____

If group insurance, specify company _____

Name of parent/guardian who insures child (camper) _____

Full name of insured child (camper) _____

Secondary Insurance

Name of Insurance Company _____

POLICY Number/ID# or CIN# _____

GROUP Number _____

Medicaid Number (if applicable) _____

Billing Address _____

Billing Phone Number _____

PRESCRIPTION Plan (Co, ID#) _____

If group insurance, specify company _____

Name of parent who insures child (camper) _____

Full name of insured child (camper) _____



Release and Waiver of Liability and Indemnity Agreement (FORM 4)

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 FUN CAMP, 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 FUN CAMP, 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 FUN CAMP 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 FUN CAMP or the presence in any JDRF FUN CAMP facility or facility used by JDRF FUN CAMP.

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 FUN CAMP facility and/or participation in programs, activities, travel and outings of the JDRF FUN CAMP, 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 FUN CAMP 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:

(All parent/ legal guardians must sign this form. If applicable, fill out both columns below.)

Name of Child (camper) _____

Parent/Legal Guardian _____ (PRINT) Parent/Legal Guardian (2) _____ (SIGNATURE)

Parent/Legal Guardian _____ (PRINT) Parent/Legal Guardian (2) _____ (SIGNATURE)

Emergency Phone Number _____ Emergency Phone Number (2) _____



CHILD/PARENT BEHAVIOR CONTRACT (FORM 5) Concerning Rules & Expectations at JDRF FUN CAMP

I will stay on the property during the JDRF FUN CAMP 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 FUN CAMP 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 understand I can also be dismissed.

Any threatening or bullying behavior toward another camper that is reported before, during or after JDRF FUN CAMP weekend can result in my being denied acceptance to a future JDRF FUN CAMP.

I will not bring any phones, players, or electronic games to JDRF FUN CAMP – Dexcom receivers will be allowed.

If I do not follow these rules; I

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

(Parent/ Guardian) I have read and explained the JDRF FUN CAMP rules to my child and believe that he/she understands them. In addition, I have read and understand the rules and will help enforce them. I agree to pick my child up from JDRF FUN CAMP if he/she breaks this contract.

Camper Signature _____

Parent/ Guardian Signature _____

Date _____

Date _____

PHOTO RELEASE PERMISSION

(Parent/ Guardian) I authorize JDRF, or anyone authorized as a representative of JDRF, to use my child's photograph at the camp to promote or advertise any JDRF event.

Parent/ Guardian Signature _____

Date _____

DIABETES CAMPER MEDICAL FORM (FORM 6)

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 Most recent height: ____ ft ____ in

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 Yes – explain: _____

*Does the camper suffer from bedwetting? No Yes

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 FUN CAMP/JDRF Weekend, and that the above information is accurate to the best of my knowledge.

Physician Signature _____ Date: ____/____/____

This is the final page of the application.

Return the COMPLETED application (FORMS 1-6), copy of insurance card, physician's practice contact information (business card), and copy of Immunization Record to:

JDRF Arizona Chapter

Attn: Wendi Willock

4343 East Camelback Road, Suite 230

Phoenix, AZ 85018

OR

Fax to: 602-224-1801