

CAMPER DETAILS

First Names:					Surname:			
Sex:	M/F	Date Of Birth:	YYYY / MM / DD	Age:		Mobility challenges: (wheelchair, crutches):	Y/N	
Home Address:								
Current School Grade:								
Name of School:								
T-Shirt Size:	Kids Size Age:		or	S	M	L	XL	Other:

Camper Medical Details

Diabetes Physician:				Tell: ()
Duration Of Diabetes:				

Are there any health problems other than diabetes? (Eg, Epilepsy, asthma):	Y/N
If yes, please describe:	
Current Treatment for other condition(s):	

Are there any psychological issues/ problems?	Y/N
If yes, please describe:	
Current Treatment for psychological issue(s):	

Special dietary requirements other than diabetes. E.g. Kosher, halaal, vegetarian, etc.	
Allergies (insect, drug, latex, food):	

Please list all prescription medication your child is taking OTHER THAN INSULIN:

Medication name	Dose	Frequency	Timing
Eg, Ritalin	0.5mg	Once a day	Mornings

HIV Status		Tuberculosis (TB) status	
Is child aware of positive status?	Y/N	Has your child ever had TB?	Y/N
If yes, date of diagnosis:	MM / YYYY	If yes, what date?	MM / YYYY
If yes, are they currently taking treatment?		If yes, did they finish the full treatment course?	Y/N

Medical Aid Information:

Medical insurance	Y/N	Hospital Plan	Y/N	National health insurance	Y/N	No medical insurance	Y/N
Medical Insurance Name:				Medical Insurance Number:			
Type Of Aid:				Main Member:			

CONTACT DETAILS

Parents/Guardian Details	
Father	Mother
Name:	Name:
Tell (H): ()	Tell (H): ()
Tell (W): ()	Tell (W): ()
Cell:	Cell:
E-mail address:	E-mail address:
Guardian	Emergency Contact if parent/guardian cannot be reached
Name:	Name:
Tell (W) : ()	Contact Number 1: ()
Tell (H) : ()	Contact Number 2: ()
Cell:	
E-mail address:	

DIABETES DETAILS

Can your child: (please tick the correct answer)	Yes	No	I don't know
Check their own blood glucose?			
Do injections themselves?			
Draw up their own insulin?			
Insert infusion sets on their own? (for pump users)			
Recognize low blood glucose symptoms?			
Recognize high blood glucose symptoms?			
Work out insulin correction doses for high blood sugars on their own?			
Adjust insulin for activity, sick days or meal planning on their own?			
Do carb counting on their own?			
Check for urine or blood ketones on their own?			

Glucose targets

What is your child's target blood glucose level? Eg, 7.0 mmol/L	
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Please describe how your child treats low blood glucose events?

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How many hypos has your child had during the last month?

Have any resulted in coma?	Y/N	Date:	<u> </u> / <u> </u> / <u> </u> / <u> </u>
Do you have a Glucagon hypo kit to send?	Y/N	Expiry date:	<u> </u> / <u> </u> / <u> </u> / <u> </u>

Please describe how your child treats high blood glucose events?

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Type of glucose meter:

Will there be enough strips for camp?	Y/N
Most recent HbA1c (if known):	<u> </u> % taken on <u> </u> / <u> </u> / <u> </u> / <u> </u>

Does your child carb count?	Y/N	Breakfast	Lunch	Supper
Carb ratio used in	<u> </u> U/ <u> </u> g Carbs	<u> </u> U/ <u> </u> g Carbs	<u> </u> U/ <u> </u> g Carbs	<u> </u> U/ <u> </u> g Carbs

INSULIN (please fill in the dose of insulin your child takes under the correct time)

Long-acting or premixed insulin	Breakfast dose	Lunch dose	Supper dose	Bedtime dose
Eg, Actraphane	20 units		12 units	

Rapid-acting insulin	Breakfast dose	Lunch dose	Supper dose	Bedtime dose
Eg, Novorapid	6 units	6 units	6 units	

Rapid-acting insulin sliding scale			
Blood glucose	Breakfast dose	Lunch dose	Bedtime dose
<5.0 mmol/L			
5.0 – 10.0 mmol/L			
10.0 – 15.0 mmol/L			
15.0 – 20.0 mmol/L			
>20.0 mmol/L			














































Correction dose for high blood glucose: (Blood glucose – target / sensitivity)
Blood glucose – _____ / _____

Pump users (please complete this if your child uses an insulin pump)	
Pump type:	
Serial number:	
Bolus (units per carb) eg, 1 unit per 15 grams of carbs	_____ units per _____ grams
Sensitivity factor	1 unit decreases blood glucose by _____ mmol/L

Basal rates		
	Time	Units/hour
1		
2		
3		
4		
5		

PRE-CAMP EVALUATION

Please ask your child to complete this form before attending diabetes camp or educational event.
Circle the correct face that best expresses your feelings.

How confident are you in giving your own injections?	    
Do you think you inject your insulin correctly?	    
Do you understand why you test your blood glucose?	    
Can you recognise your own low blood glucose symptoms?	    
Do you understand treatment of low blood glucose?	    
Can you recognise your own high blood glucose symptoms?	    
Do you understand treatment of high blood glucose?	    
Do you feel restricted in what you can eat?	    
How do you feel about your diabetes?	    

What are the most important goals you have for your child in sending them on this camp?

What are the most important goals your child has in attending this camp?

INDEMNITY FORM

I, _____ (parent/guardian's name) the legal guardian and custodian of _____ (child's name), hereby give permission for my child to attend the 'Camp for Children with Diabetes' to be held at _____ (Camp Venue) from ____ / ____ / ____ to ____ / ____ / ____ and I hereby agree:

- 1 to accept and abide by all the terms and conditions governing the 'Camp for Children with Diabetes' run by the Camp conveners;
- 2 that I allow my child to be involved in sports activities and participate in the program while attending camp;
- 3 that neither the camp conveners, the persons in charge of the group, their helpers, employers, the venue personnel, nor any person connected with the group will be held liable for any claims arising from any accident or injury happening to the child or their possessions for the period in question, including embarkation, transport to and from the hotels or venues, or until his / her return to me, and waive and abandon any claims which may, at any time, arise as aforesaid, both in my personal capacity as a parent or as guardian of the child, and I expressly indemnify the supervisor and involved persons such as caregivers and their employees, against any such claim which may arise or be instituted;
- 4 that the camp convener and caregivers reserve the right to monitor blood glucose according to camp protocol and to adjust insulin dosages for the duration of the camp, and to withhold or administer insulin dosages according to the needs of the individual child, and based on blood glucose determinations and ketonuria results;
- 5 that the supervisor of the group, or in his/her absence, any other responsible caregiver connected with the group, may give any emergency treatment required and/or required permission and sign the necessary written consent for the child to be subjected to medical treatment, provided this will be executed on the advice, and under the supervision of a medical doctor;
- 6 that I give my approval for the calling of a doctor to attend my child if necessary, and accept responsibility for all medical expenses;
- 7 that I give permission for photographs, news releases, film presentations and information about the camp and campers to be used in the media or press;
- 8 that I give permission for my child's data to be captured in a diabetes registry and database that will be used to track his/her clinical outcomes;
- 9 that the above mentioned information regarding my son / daughter is correct and complete.

Thus done and signed at _____ on the _____ day of _____ 20_____

SIGNATURE PARENT / GUARDIAN

SIGNATURE PARENT / GUARDIAN

PRINT NAME

PRINT NAME

CAMPER AND PARENT / GUARDIAN AGREEMENT ON CAMP RULES

My child will remain within the boundaries of the camp site at all times during the camp.

My child will not intentionally injure or endanger themselves.

My child will not injure or endanger any other person at camp either physically or emotionally.

My child will respect the environment of the camp, the property of the camp, and the personal property of others. If my child does not, my family will be liable for any damage caused.

My child will not use foul or abusive language.

My child will not use or be in possession of tobacco products, drugs, alcohol, or any form of weapon.

My child will demonstrate respect for staff and fellow campers at all times.

My child will not engage in teasing, harassment, ethnic / racial / religious / political slander of any person or group.

If my child does not follow these rules they:

- can be promptly dismissed from the camp;
- must have a parent or guardian come to the camp to pick them up immediately;
- forfeit any camp fees;
- risk losing the privilege of returning to camp in the future.

I have read and understand these rules and will help to enforce them. In addition, I have read and explained the camp rules to my child and believe that he / she understands them. I hereby agree to pick up my child from camp immediately if he / she breaches this contract.

Parent / Guardian Signature

PRINT NAME

Date: ____ / ____ / ____

CHECKLIST FOR WHAT TO BRING TO CAMP

Item	Packed ✓
Insulin pens or vials	
Pen needles or syringes	
Pump supplies	
Blood glucose meter and test strips	
Ketone strips and Glucagon (Orange injection box)	
Any other chronic medication (eg Asthma pump, Ritalin etc.)	
Tracksuit	
Warm nightclothes	
Pajamas	
Underwear	
Socks	
T-shirts	
Shorts	
Jeans	
Flip flops & running shoes (both kinds of shoes are essential)	
Old Clothes and shoes that can get really dirty or wet	
Swimming costume	
Sleeping bag and pillow (extra blankets in winter)	
Towel	
Hat	
Rain Coat or wind breaker	
Toiletries	
Torch with batteries	
Suntan lotion	
Insect repellent	

Please remember to label every item with your name

Do NOT bring:

- Any valuables to camp, as we cannot take responsibility for these
- Any food; glucose and snacks will be provided for treatment of low blood glucose
- Cell phones, cameras, video games, or other electronic devices
- Sweets and chips
- Knives, drugs, alcohol, weapons, or tobacco

Staff reserve the right to send campers home if they bring prohibited items.