

Camp KorallKids Summer Camp Application

Where: Parkside Elementary School

When: June 13-24, 2011

Time: 9:00am-4:00pm

Cost: \$400.00

Payment

Application with payment in full is expected by May 26, 2011

PLEASE MAKE CASHIER'S CHECK OR MONEY ORDER OUT TO CORAL SPRINGS
MEDICAL CENTER. PERSONAL CHECKS OR CASH CANNOT BE ACCEPTED

CHECKLIST FOR COMPLETE APPLICATION

- ___ Application page (page 2)
- ___ Permission page (page 3)
- ___ Medical Form (Doctor must complete & sign) (page 4 & 5)
- ___ Health History (Parent must complete) (page 6)
- ___ Transportation, Goals, Diabetes Management (page 7)
- ___ Fees & Deposit (page 8)

Mailing address for application:

Camp KorallKids
Coral Springs Medical Center
3000 Coral Hills Drive
Coral Springs, FL 33065

Or fax to 954-227-4304

Camp phone number: If you have any questions please call 954-344-3344. This is not a phone at the camp location. If you have an emergency, please call the hospital operator at 954-344-3000 and they will get in touch with us.

Kathy Byrne
Camp KorallKids Program Director

Camp location:
Parkside Elementary School
10257 NW 29 St
Coral Spring, Fl 33065

CAMP KORALKIDS APPLICATION FOR CAMPERS

Child's Name _____ Nickname _____

Date of Birth _____ Social Security Number _____ Sex _____

Mailing Address Telephone _____
Street (include Apt. number) or P.O. Box _____

City State Zip County

Date Diagnosed (month/year) _____ Age at Dx: _____ Age at Camp _____

Grade entering next Fall (2006) _____ Type of class: Gifted _____ Regular _____ Special Ed _____ Other _____

T-shirt Size _____ Email address: _____

Has child attended Camp Koralkids before? Yes _____ No _____ If yes, year(s) _____

Other Camp Experiences (List name and year) _____

Father's Name: _____ Home phone (_____) _____ Other (____) _____

Occupation: _____ Wk phone:(_____) _____

Mother's Name: _____ Homephone (_____) _____ Other (_____) _____

Occupation _____ Wk phone:(_____) _____

Are both parents living? _____ Marital Status: Married _____ Separated _____ Divorced _____

If separated or divorced, with whom does the camper primarily reside? _____

Name and address of other adult who should receive camp information: _____

Emergency Contact (OTHER THAN PARENTS): _____

(____) _____
Phone Address Relationship to camper

Endocrinologist _____ Telephone (_____) _____

Address _____ City _____ ST _____ Zip _____

Family Physician or Pediatrician _____ Telephone (_____) _____

Address _____ City _____ ST _____ Zip _____

Please note: AN ADULT FAMILIAR WITH THE CHILD MUST ACCOMPANY HIM/HER TO CAMP ON THE FIRST DAY OF CAMP FOR REVIEW OF INFORMATION.

PERMISSION/MEDICAL RELEASE

THE FOLLOWING MUST BE COMPLETED FOR ATTENDANCE

This page MUST be completed AND signed by parent or legal guardian. Return with the application. The application will not be considered complete unless this page is returned.

1. MEDICAL TREATMENT

The information contained in this application is correct as far as I know, and (name of camper)_____ has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the camp personnel to:

- 1) provide ongoing medical care
- 2) select medical personnel and order x-rays or routine tests or treatment for the person listed above.
- 3) in an emergency, the camp medical director may hospitalize, secure treatment for, and order injections, anesthesia and/or surgery for the person named above. Every effort will be made to notify me.

“I give my permission to Camp Koralkids and the Directors to admit my child to a hospital in the event that medical attention is necessary which cannot be administered at the Camp. I understand that the Camp will notify me of any emergency as soon as possible. I understand that the Camp Koralkids is not responsible for injury that may result from accidents or other illnesses. I understand that in addition to regular blood and urine test for a sugar and acetone, small samples of blood may be obtained.”

Signature of parent or guardian_____ **Date:**_____

WITNESS:_____ **Date:**_____

2. BEHAVIORAL EXPECTATIONS

We are all coming to camp to have a safe, fun and enriching experience. To help meet these goals, appropriate behavior is expected of ALL camper's in our care. Our expectations include:

- Following all safety rules
- Participation in scheduled camp activities including sports, swimming, crafts and etc.
- Refraining from the use of abusive language or violence
- Staying with assigned counselor and treating CITs, other campers, counselors and staff with respect

If a camper is having difficulty adhering to these expectations, they will be counseled, encouraged to modify their behavior and asked to sign a behavioral contract. If inappropriate behavior continues, the camper will be asked to leave camp without refund of camp fees. Fulfilling these camp expectations will allow for a cooperative and fun session.

I have read this with/to my child and we understand and agree to these conditions.

Signature (Parent)_____

(Camper)_____

3. MEDIA RELEASE

I give my permission for any pictures or video taken during camp which include our child to be published by Camp Koralkids and/or the communications media in any way deemed appropriate by the Camp.

Signature (Parent)_____

(Camper)_____

4. CAMP DIRECTORY

As part of our program, we will be distributing a camp directory so that the campers and parents can remain in touch during the year. It will include your names, address, phone number and e-mail address. Please indicate your preference below:

PLEASE NOTE WE WILL NOT GIVE THIS CAMP DIRECTORY TO ANY COMPANIES. IT IS FOR THE CAMPERS ONLY:

I want to participate in the camp directory_____ **I do not want** to participate in the camp directory_____

Signature of parent or guardian_____ **Date:**_____

CAMP KORALKIDS

MEDICAL INFORMATION AND EXAMINATION FORM

SECTION 1 & 4 must be completed by physician/practitioner (Write legibly)

SECTION 2 & 3 may be filled out by parent and then verified by physician/practitioner

Camper's Full Name _____

SECTION 1

I have examined the camper applicant on (date)_____ In my opinion, the patient is__ /is not___ physically and emotionally able to participate in an active camp program.

The applicant is being treated for the following conditions other than diabetes:

Date Diabetes Diagnosed:_____ Most recent: height_____ weight_____

Blood pressure_____ / _____ date_____ Urinalysis for protein:_____

Most recent HgbA1C_____ date_____

SECTION 2 (maybe filled out by parent and verified by practitioner)

INSULIN Please fill this out carefully (Circle type of insulin)

NPH Regular Novolog/Humalog Lente Ultralente 70/30 75/25 Lantus

Usual syringe size:_____

Please indicate dose and type of insulin:

AM_____ AM Snack_____ LUNCH_____

PM_____ BEDTIME_____ PM Snack (bedtime Snack)_____

If taking LANTUS, please put CARB RATIO (Insulin: carb) in each meal slot

Sliding Scale: From_____ to_____ = _____ units From_____ to_____ = _____ units

From_____ to_____ = _____ units From_____ to_____ = _____ units

From_____ to_____ = _____ units From_____ to_____ = _____ units

Other: History of ketoacidosis? No___ Yes___ Number of episodes in past year _____

History of hypoglycemia requiring medical attention? **No Yes** Requiring Glucagon **Yes No**___

Number of episodes in past year_____ Time of day_____

Other related information:_____

Number of diabetes related hospitalizations in past year_____

Reasons_____

Does the child have any behavioral/psychological problems of which we should be aware or that needs to be discussed with camp counselors?_____

INSULIN PUMP PATIENT

Type of pump _____
Frequency of changing tubing: _____

Type of tubing used: _____
Frequency of site change _____

If camper uses INSULIN PUMP, what is the basal rate(s): Units/hr
12 - ____ □:
____ - ____ □:
____ - ____ □:
____ - ____ □:
____ - ____ □:

INSULIN TYPE: _____

Pre-Meal bolus: Breakfast: 1unit: _____ g
Lunch: 1unit: _____ g
Dinner: 1unit: _____ g
Snack: 1unit: _____ g

Correction Bolus: $BG - (Target) / (CF) = \frac{\text{Target}}{\text{Correction Factor}} = \text{units}$

The family will need to bring all pump related supplies. Needle insertion site may need to be changed as often as once per day due to increased water activity, land sports and summer weather conditions. Camp KoralKids is not responsible for pump breakage, theft or loss.

SECTION 3 (May be filled out by parent and verified by physician/practitioner)

Recommendations and restrictions while at camp

Treatment other than diabetes management to be continued at camp _____

Required medications (other than insulin) to be administered at camp (parents must supply enough medication for entire length of session) _____

Any medically prescribed meal plan or dietary restrictions _____

Allergies (food, drugs, plants, insects and etc.) _____

Additional health information/concerns _____

SECTION 4 (Must be signed by physician/practitioner)

Licensed physician full name (please print) _____

Address _____

Phone (____) _____ Date form completed _____

Physician's/Practitioner signature _____

If completed by nurse, please sign _____

***This form may be filled out and then faxed to 954-227-4304 Attn.: Camp KoralKids

CAMPER HEALTH HISTORY AND IMMUNIZATIONS

To be completed by parent/guardian

Camper Name _____ Date of Birth _____ Sex _____

Give approximate dates for the following illnesses:

- | | |
|---|---|
| <input type="checkbox"/> Ear Infections
<input type="checkbox"/> Heart defect/disease
<input type="checkbox"/> Seizures
<input type="checkbox"/> Bleeding/clotting disorders
<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Psychological counseling
<input type="checkbox"/> Asthma | <input type="checkbox"/> Dehydration/vomiting with ketones
<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Insect sting (allergic reactions)
<input type="checkbox"/> Poison Ivy, etc.
<input type="checkbox"/> Allergy to drugs
Specify Drugs _____
Other Allergies: _____ |
|---|---|

Date of last physical examination _____ Physician's Name _____

Dates and nature of operations or serious injuries _____

Does your child have any behavioral/psychological problems of which we should be aware or that needs to be discussed with camp counselors? _____

Has your child ever been hospitalized for behavioral or psychiatric care? _____ If so, when? _____

Dietary Restrictions

DIET _____

ALLERGIES

ALLERGIES TO FOOD

Current medications (other than insulin). Send original container/vial with instructions to last the entire day, (Vitamins will not be dispensed) _____

Has your daughter started her period? Yes _____ No _____ When? _____

If your daughter has not started her period, has she been told about menstruation? _____

There will be NO special concessions for those who have their period during the camp sessions. Campers are required to participate in all activities, including swimming, even if menstruating. Campers are expected to bring their own sanitary supplies.

Does your child know how to swim? Yes _____ No _____ .

IMMUNIZATION RECORD MUST BE COMPLETED FOR ATTENDANCE

You may substitute a school or State of Florida immunization form. **If you child has not received the additional MMR booster after the original one at age 12-18 months, please consult your doctor.**

VACCINES	Year of Basic Immunization	Year of Last Booster
DPT (Diphtheria, Pertussis/Whooping Cough, Tetanus)		
TD (Tetanus, Diphtheria)		
MMR (Measles, Mumps, Rubella)		
Polio		
Tuberculin Test (most recent) Results:		
Hepatitis B		
Varicella		

**PLEASE PROVIDE CAMP KORALKIDS WITH A RECENT PHOTO OF THE
CAMPER,
(PREFERABLY THIS YEAR'S SCHOOL PICTURE)**

Child's Name _____
Age at time of photo _____
Name of School _____
School Phone _____
Grade Attending _____

Please Staple or Tape Photo Here
(Please write name on back)

INSURANCE INFORMATION

Do you carry family medical/hospital insurance? Yes _____ No _____ Name of Carrier _____
Policy/Group Number _____
Address and Telephone Number of insurance
company _____

Please send a photocopy of your insurance card for our records.

TRANSPORTATION INFORMATION

My child will be brought to camp by _____
He/She can be picked up by (Please list all people that can pick up your child.) _____

Signature of parent/guardian _____

DIABETES MANAGEMENT INFORMATION

Blood glucose monitoring done times per day, per week _____

Name of meter/strip used _____

How often are urine ketones tested? _____

If so, what type of ketone test is used? _____

Does your child use an insulin pump? Yes No

If so, please indicate manufacturer (maker) _____

If your child will be using the pump, you must provide your own insulin and supplies.

Diet: Type of Meal Plan?

Carbohydrate Counting _____ or Exchange Diet _____

What snacks does your child eat regularly _____

Exercise: Usual Exercise _____

Limitations _____

Self-Care Activities: Very important to Fill out

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Monitoring-accurate | <input type="checkbox"/> Draws up Insulin | <input type="checkbox"/> Changes diet | <input type="checkbox"/> Changes doses |
| <input type="checkbox"/> Finger pricking | <input type="checkbox"/> Gives Insulin/bolus | <input type="checkbox"/> Urine checks | <input type="checkbox"/> Treats reactions |
| <input type="checkbox"/> Test recording | <input type="checkbox"/> Treats ketones | <input type="checkbox"/> Rotates shots | <input type="checkbox"/> Is mostly in charge of diabetes |

CAMPER GOALS

A. What do you most look forward to doing while at camp? _____

B. What do you want to learn at camp? _____

PARENTAL GOALS

A. What is your primary purpose in sending your child to camp? _____

B. What do you want your child to learn at camp? _____

FEEES AND PAYMENTS

Cost: \$400.00 for 9:00 a.m. - 4:00 p.m. Cost includes afternoon snack, field trips. Campers are responsible for bringing lunch, and the following diabetic supplies meters such as lancets, strips and own pump supplies. Payment in full is required by May 26, 2011. No refunds are made as we plan our camp based on the number of children enrolled.

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DAILY SUPPLY LIST

Mark Camper's Name On All Personal Belongings!

LUNCH: Camper's must bring their own lunch every day.

Children on pumps must include itemized carb count in their lunch.

*Label lunch bag/box with camper's name

*Refrigeration **WILL NOT** be available

Encourage healthy eating--add fresh fruit or even raw veggies:

Don't forget a beverage--Juice box any variety

A "Healthy Camper Lunch" should include a sandwich, snack, juice box, and fresh fruit. Here are some suggestions to make lunch planning easier.

SANDWICHES (Try these fillings)

(Don't forget to read labels: fat, at least less than 30% of total calories is an acceptable product.)

- Turkey ●roast beef ●ham
- cheese (skim milk variety) ●chicken salad ●tuna salad
- peanut butter with fruit spread ●low-fat bologna

ON (Remember whole grains are healthier)

- wheat bread ●bagel ●pita bread
- roll ●rye bread ●white bread

CONDIMENTS

- mustard ●fat-free mayonnaise ●catsup

ADD A SNACK

- pretzels ●crackers ●graham crackers
- teddy grahams ●low fat granola bars ●popcorn
- fat reduced chips (corn, potato, cheese puffs)

SNACKS: Camp KoralKids will provide morning and afternoon snacks.

CLOTHING

- Bathing Suit
- Towel
- Change of clothes - include underwear
- 1 pair of sandals or thongs for pool/shower
- Sunglasses
- Hat (sun hat or visor)
- Sunscreen (SPF#15 or higher)

MEDICATIONS

All Camper's must bring meters and supplies

Campers on the **insulin pump** need to bring the supplies for the pump, **including their insulin.**

DO NOT BRING THE FOLLOWING:

IPODS, CD players, Pokemon cards, gameboys or any other electronic games or cell phones:

All of these will be confiscated from your child and returned at the final camp day