



Camp Coral Kids Summer Camp Application

Where: TBA

When: June 13-24, 2022

Campers ages 6- 12yrs

CIT program ages 13-15yrs CIT must have been a camper previously at Camp Coral Kids

Once application is received, cabin assignment will be given

Time: 9:00am-4:00pm

Cost: \$400.00 (all inclusive: afternoon snacks, field trips, and emergency diabetes supplies)

Scholarships are available: Contact Kathy Byrne 954-227-4338

Payment in full is expected by June 1, 2020 No refunds will be given

PLEASE MAKE CASHIER'S CHECK OR MONEY ORDER OUT BROWARD HEALTH CORAL SPRINGS.

PERSONAL CHECKS OR CASH CANNOT BE ACCEPTED

CHECKLIST FOR COMPLETE APPLICATION

- ___ Application page (page 2)
- ___ Permission page (page 3)
- ___ Insurance, Transportation, Goals (page 4)
- ___ Medical Form/Health History (Physician/Practitioner must sign (page 5, 6, 7)
- ___ Daily Supply List Campers Keep (page 8)

Mailing address for application:

Camp Coral Kids
 Broward Health Coral Springs
 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 your child is sick and will not be coming to camp, please call 954-344-3344 and leave a message. The camp director will receive the messages daily. If you have an emergency, please call the hospital operator at 954-344-3000 and they will get in touch with us.

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

Kathy Byrne
 Camp Coral Kids Program Director

CAMP CORAL KIDS APPLICATION FOR CAMPERS

Child's Name _____ Nickname _____

Date of Birth _____ Sex _____

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

City	State	Zip	County
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Phone Home _____ Cell _____

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

Grade entering next Fall _____
 Exceptional student education

T-shirt Size _____ Email address: _____

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

Other camp experiences (list name & year): _____

Father's Name: _____
Occupation _____ Wk phone :(_____) _____

Mother's Name: _____
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 (_____) _____

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 Coral Kids 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 Coral Kids 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 campers’ 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, and encouraged to modify their behavior. 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 includes our child to be published by Camp Coral Kids 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:** _____

PLEASE PROVIDE CAMP CORAL KIDS WITH A RECENT PHOTO

**OF THE CAMPER
(PREFERABLY THIS YEAR'S SCHOOL PICTURE)**

Child's Name _____

Age at time of photo _____

Please Staple or Tape Photo Here

Name of School _____

(Please write name on back)

School Phone _____

Grade Attending _____

IMMUNIZATION RECORD MUST BE COMPLETED FOR ATTENDANCE

You may substitute a school or State of Florida immunization form.

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		

COVID 19 Did the child receive both injections and booster _____

I

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 _____

CAMPER GOALS

A. What activities are you looking forward to 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? _____

**CAMP CORAL KIDS
MEDICAL INFORMATION AND EXAMINATION FORM**

Camper's Full Name _____

SECTION 1

Self-Care Activities: Very important to Fill out (Must be filled out by parent/guardian)

- | | |
|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Glucose Testing | <input type="checkbox"/> Hypoglycemia awareness |
| <input type="checkbox"/> Dials/draws up Insulin | <input type="checkbox"/> Tests ketones |
| <input type="checkbox"/> Carb Counting | <input type="checkbox"/> Rotates shots |
| <input type="checkbox"/> Inject Insulin | <input type="checkbox"/> Able to swim |

Continuous glucose monitor: Dexcom: Medtronic: Libre

If the child is on a CGM that has share capability and you would like to share with us while at camp (all the nurses have I-Pads to follow their campers), please send us an invitation to follow at:

kbyrne@browardhealth.org

Username _____ We will connect on first day of camp.

High alert: _____ Low alert: _____

SECTION 2 For Physician/Practitioner to Complete

I have examined the camper applicant on (date) _____ in my opinion, the patient is ___ /am not ___ physically and emotionally able to participate in an active camp program.

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

Has applicant had any behavior/psychological counseling we should be aware of? No ___ Yes ___

Are there any behavior/psychological concerns you want us to be aware of? No ___ Yes ___

Explain _____

Does the child have/had any of the following:

- | | |
|-----------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Heart defect/disease | <input type="checkbox"/> Physical limitations |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Bleeding/clotting disorders |
| <input type="checkbox"/> Asthma | Severe allergy that requires an EpiPen |

Dates and nature of operations or serious injuries:

SECTION 3 For Physician/Practitioner to Complete

Date Diabetes Diagnosed: _____ most recent: Weight _____ Kg Height _____ inches

Blood pressure _____ / _____ date _____ Allergies: _____

Most recent HgbA1C _____ date _____

Other: Has there been any episode of ketoacidosis in the last year?

Dates: _____

Has there been any episode of hypoglycemia that has required hospitalization or glucagon?

Dates: _____

Diabetes Medications
Carb ratio (if applicable)

Breakfast: _____

Snack: Due to the later arrival at camp time is not allotted for
Midmorning snacks. Exceptions can be made.

Insulin coverage: Yes No
_____grams

Lunch: _____

Snack: _____

Insulin coverage: Yes No
_____grams

Correction scale: Blood Glucose minus Target glucose divided by correction (sensitivity)

Give correction when blood sugar is over _____mg/dl.

Method of Administration

- 1. Insulin Pens
- 2. Insulin Vials
- 3. Insulin Pump

Bolus of Insulin

- 1. Apidra
- 2. Humalog
- 3. Novolog
- 4. Admelog
- 5. Fiasp
- 6. Lyumjev

Basal Insulin

- 1. Lantus 5. Basaglar
- 2. Levemir 6. Humulin N
- 3. Tresiba 7. Novolin N
- 4. Toujeo 8. Semglee

Insulin Pumps

Type of Pump: Medtronic Omnipod T Slim InPen

Basal Rates:	Carb Ratio:	Sensitivity correction	Target
12am: _____	12am: _____	12am: _____	12am: _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 4 (Must be filled out by physician/practitioner)

Recommendations and restrictions while at camp

Treatment other than diabetes management to be continued at camp

Any medically prescribed meal plan or dietary restrictions

Additional health information/concerns

Due to the increased activity at camp and as a way to prevent hypoglycemia please consider decreasing the long acting insulin or basal rate by 25 % the day camp starts.

SECTION 5 (Must be signed by physician/practitioner)

Licensed physician/practitioner 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 Coral Kids

DAILY SUPPLY LIST

Mark Camper's Name on All Personal Belongings!

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

Parents must include itemized carb count in their lunch, not just a total carb count.

*Label lunch bag/box with camper's name

*Refrigeration **WILL NOT** be available

Encourage healthy eating--add fresh fruit or raw veggies

Don't forget a beverage—Water!

CLOTHING

- Bathing Suit
- Towel
- Change of clothes - include underwear
- 1 pair of sandals for pool
- Sunglasses
- Hat
- Sunscreen
- Body lotion

Closed-toe shoes with a back, must be worn at all times while at camp. Flip flop/sandals are allowed at pool time only.

MEDICATIONS

All Campers' must bring insulin, meters and supplies (lancets, strips, alcohol pads, pen needles, syringes, glucagon)

Campers on an **insulin pump** need to bring the supplies for the pump (batteries, infusion sets, cartridges, skin prep, etc...), **including their insulin.**

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

Cell phones are allowed in combination with continuous glucose monitoring devices, otherwise they are not permitted. Please do not text or call your child regarding their blood sugars. Call Kathy for questions/concerns 954-478-2716