

CAMP HOT SHOTS 2009

CAMPER APPLICATION

WHO: Children ages 6-11
with Diabetes

WHEN: Wednesday-Friday
July 15 - 17, 2009

WHAT: Fun & Educational
Day Camp

TIME: 9:00 a.m. - 4:00 p.m.

WHERE: Platte River State Park
Louisville, NE 68057

www.camphotshots.com

Guidelines for filling out application

- All applications must be submitted by mail post marked by deadline (June 1, 2009)
- Only completed applications with payment will be accepted (exception will be the health history form)
- Campers that have their applications submitted by the deadline (June 1, 2009) will receive their camper packet approximately one week before camp starts

CAMP HOT SHOTS 2009

CAMPER APPLICATION

www.camphotshots.com

PERSONAL INFORMATION (Please Print)

Camper's Name: _____ Nickname: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Fax: (____) _____ E-MAIL: _____

Mother's Full Name: _____

Mother's Employer: _____

Address: (if different from above) _____

Number to be reached during camp hours: (____) _____ E-MAIL: _____

Father's Full Name: _____ Father's Employer: _____

Address: (If different from above) _____

Number to be reached during camp hours: (____) _____ E-MAIL: _____

Camper Birth Date: ____ / ____ / ____ Sex: **MF** Age at Onset: _____ Age at Camp: _____

Grade in School: _____ Has child attended Camp Hot Shots before? No ____ Yes ____ #Years _____

Other person or persons authorized to pick child up or contact in case of emergency: (must be filled in)

Name _____ Relationship _____

Phone Number (____) _____

Name _____ Relationship _____

Phone Number (____) _____

Transportation to and from camp will be provided from Omaha, NE at Westside Community Education Center (3534 S. 108th Street). Departure time is 8:15 a.m. and we will return at 4:45 p.m. each day.

Will the camper need transportation to and from camp? Yes _____ No _____

T-Shirt size: Youth: Small _____ Medium _____ Large _____

Adult: Small _____ Medium _____ Large _____ X Large _____ XX Large _____

CHARACTERISTICS:

Would you describe the camper as one whom: (circle all that apply)

Is Sensitive

Makes Friends Easily

Is Moody

Is Easy Going

Is Easily Led

Is Strong Willed

Leads Others

Does your child get along with others? Easily Fairly Easily With Difficulty

Prefers Friends: Own age Younger Older

Is your child excited about coming to camp? Yes _____ No _____

Can your child swim? Yes _____ No _____

In what way, if any, have you had problems with your child? (wandering, attitude, etc.)

INSURANCE:

In the event of any need for medical care outside of the camp setting, insurance information specific for your child may be needed. Please complete the following.

Insurance Company Name _____

Address _____

Policy # _____

Name of Insured Family Member _____

Insured Member's Social Security Number _____

Insured Member's Place of Employment _____

Is pre-authorization required? ____Yes ____No Pre-authorization # _____

Camper Fee:

Actual Cost of Camp Hot Shots \$200.00

CHECK ONE:

Enclosed is a check for:

- \$200.00 Covers actual cost of camp
- \$100.00 Covers half the cost of camp
- \$50.00 Covers one quarter cost of camp

- I have a sponsor who will pay my fee

(Enclose payment, give name and complete address of sponsor)

Sponsoring Organization _____

Contact Name _____

Address _____

City/State/Zip _____

- I would like information on financial assistance. Campers are asked to seek financial assistance from civic organizations in their community before asking for financial assistance. Please list the organizations that you have contacted.

Organization Name: _____

Contact Name: _____

Phone Number: _____

Organization Name: _____

Contact Name: _____

Phone Number: _____

- Please accept my tax deductible donation for \$_____ to help support Camp Hot Shots and the children who benefit from camp. Camp Hot Shots is a non-profit 501 (C) (3) Corporation. This camp is made possible with donations from individuals and like yourself. Thank you for making a difference in the lives of children with diabetes.

Applications are due by June 1st. Applications are accepted on a first-come, first served basis. Make sure that all applicable spaces are complete. Enclose registration fee. Additional information will be sent to you approximately one week prior to camp. All campers must have a physical exam within three months prior to camp, please make your appointment accordingly. It is essential that the enclosed **Physician's Report** be mailed to Camp Hot Shots.

CONSENT:

I hereby give my consent for adjusting insulin dose, performing blood tests, or any medical care deemed necessary by **camp physicians and nurses. I also consent to photography of my child** to be used to publicize and raise funds for Camp Hot Shots. I will not hold liable Camp Hot Shots , Hot Shots Foundation. Inc., or any individual associated with the Camp, for accidental injury or illness resulting from this camper's attendance and activities at camp. I understand a camp setting is different than the home setting and management of my child's diabetes schedule, while medically supervised at camp, will need to be flexible. Applications will be accepted by mail only, application, payment, diet and health history form must be received and post marked by June 1 to be considered for camp.

Signature of Parent: _____ Date: ____ / ____ / ____

I hereby agree to obey all rules and regulations of Camp Hot Shots and Hot Shots Foundation, Inc. I further agree to obey the instruction of camp counselors, physicians, nurses, and assistants pertaining to the camp activities, medical needs or practices and all related matters. I also agree to inform the appropriate camp personnel of any matter or activity which I believe to be harmful or which creates the risk of accident or injury to myself or any other participant at the camp.

Signature of Child: _____ Date: ____ / ____ / ____

RETURN APPLICATION AND HEALTH FORM TO:

CAMP HOT SHOTS
c/o Hot Shots Foundation, Inc.
P.O. Box 1731
Council Bluffs, IA 51502-1731

www.camphotshots.com

"Hot Shots Foundation is committed to making a difference in the lives of children and young adults who have diabetes TODAY so they have the opportunity to live a healthy life."

Will your child need insulin during camp hours? ____ Yes ____ No

Does your child usually give own insulin injections without assistance? ____ Yes ____ No ____ N/A

Will your child need help with blood tests? ____ Yes ____ No

Blood Sugar Reactions: ____ Never ____ Occasional ____ Frequent Reactions are: ____ Mild ____ Severe

Is there a time of day most your child is most likely to have low blood sugar reactions?

Ever lose consciousness? ____ Yes ____ No Hypoglycemic seizures? ____ Yes ____ No

Does child recognize signs of own low blood sugars? ____ Yes ____ No

What are the usual symptoms of a low blood sugar for your child? _____

Will your child need to take any other medications besides insulin during camp hours? ____ Yes ____ No

Please list name of medication, dosage, and time of day needed:

MEDICATION	DOSAGE	TIME OF DAY

Is your child allergic to ANY medications? ____ Yes ____ No

If yes, please describe:

QUESTION	ANSWER	ADDITIONAL INFORMATION
Has child ever been in diabetic ketoacidosis?	Yes / No	Last Episode? _____
Hives/Skin Diseases?	Yes / No	
Poison Ivy?	Yes / No	
Athletes Foot?	Yes / No	Date of last physical exam: ____/____/____
Has this person Menstruated?	Yes / No / NA	
Has she been told about it?	Yes / No / NA	
Surgeries?	Yes / No	List Date: ____/____/____ ____/____/____

Insulin Pump Users:

How long have you been on an insulin pump? _____

Type of Pump: _____ Model of Pump: _____

Type of pump infusion set: _____

What type of insulin is used in your child's pump? _____

How often is the infusion set changed?

Does your child know how to operate pump on own? Yes _____ No _____

Please list basal rates:

Time	Basal Rate

Please list insulin to carbohydrate ratio:

	Units: Carbohydrate Grams
AM snack (if applicable)	
Lunch	
PM snack (if applicable)	

Please list correction factor (for example: add 1 unit of insulin for every 50 points over a 150 blood sugar)

Parents: Please be attentive to having pump reservoirs adequately filled for camp days and batteries up-to-date as we can attend to emergency situations (i.e., sets coming lose or pulling out, taping issues) but would appreciate your attention to these other issues.

HEALTH HISTORY FORM

To be filled out by camper's diabetes health care provider

Dear Doctor,

Your cooperation in supplying the following information about an applicant for Camp Hot Shots is greatly appreciated. **The child will not be accepted at camp without this form.**

Name of Applicant: _____ Sex: (Circle one) M F

Date of Birth: ___ / ___ / ___ Age at onset of diabetes: ___ Height: _____ Weight: _____

Last hemoglobin A1c: _____ (normal range _____) Date: ___ / ___ / ___

Please note: It may be necessary, with more exercise to increase caloric intake. This will be done under the camp physician or nurse's supervision and noted in the camper's chart.

INDICATE THE INSULIN DOSE LAST PRESCRIBED FOR THE CHILD

UNITS/TYPE
Before Breakfast _____
Before Supper _____

UNITS/TYPE
Before Lunch _____
Before Bedtime _____

Have any complications of diabetes or disabilities been detected that would prevent camper from participating in camp activities? Yes / No (Circle one)

Comments: _____

Camper is physically and mentally able to participate in camp. Yes / No (Circle one)

Comments: _____

Physician's name (typed or printed): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Physician's Signature: _____

Return Form To:

CAMP HOT SHOTS
C/O Hot Shots Foundation
P.O. Box 1731
Council Bluffs, IA 51502-1731

CAMPER DIET FORM

Please be sure to complete all appropriate sections of this form. This will ensure that all campers are given adequate food while at camp. It is also important that accurate information is given. Please do not list what your prescribed meal plan is unless that is what you follow at least $\frac{3}{4}$ of the time. We want to know what you are actually eating.

Camper's Name _____ Age: _____

Name of Parent/Guardian: _____

Phone number of Parent/Guardian that can be reached while camp is in session:
(____)_____

Does the camper have any food allergies?

Does the camper wear an insulin pump? ____Yes ____No
Animas:____ Cozmo:____ Medtronic Paradigm:____

Any other specific dietary needs? (Example-vegetarian) _____

Current Meal/Snack Plan

LUNCH:

_____Total grams of carbohydrates **OR** Insulin to carbohydrate ratio_____
Correction factor:_____

(Reminder: Carbohydrate choices include the bread/starch group, fruit group and milk group)

SNACKS:

AM Snack

_____Total grams of carbohydrates **OR** Insulin to carbohydrate ratio_____
Correction factor:_____

PM Snack

_____Total grams of carbohydrates **OR** Insulin to carbohydrate ratio_____
Correction factor:_____

Activity Level: (Please circle one) When my child is at camp, I think he or she will *be More Active / Less Active / About the same* as compared to his or her routine at home

In view of the fact that Camp Hot Shots serves wholesome and well-balanced meals, we request that parents send neither food nor beverages to camp. Thank you.