

# CAMP HOT SHOTS 2012

## CAMPER APPLICATION

**WHO:** Children ages 6-11  
with Diabetes

**WHEN:** Wednesday-Friday  
June 6, 7, 8, 2012

**WHAT:** Fun & Educational  
Day Camp

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

**WHERE:** Platte River State Park  
Louisville, NE 68057

[www.camphotshots.org](http://www.camphotshots.org)

### Guidelines for filling out application

- All applications must be submitted by mail post marked by deadline (May 1, 2012)
- Only completed applications with payment will be accepted (exception will be the health history form)
- Campers that have their applications submitted by the deadline (May 1, 2012) will receive their camper packet approximately one week before camp starts

# CAMP HOT SHOTS 2012

## CAMPER APPLICATION

[www.camphotshots.org](http://www.camphotshots.org)

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### 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: **M F** 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. 108<sup>th</sup> 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.)

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**“The Camp 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 healthier life.”**

**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:**

**Cost of Camp Hot Shots is \$200**

**CHECK ONE:**

Enclosed is a check for:

\$200.00 Covers actual 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 \_\_\_\_\_

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.

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: \_\_\_\_\_

**Applications are due by May 1<sup>st</sup>.** 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 May 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 Health History and Diet Form to:**

**CAMP HOT SHOTS  
P.O. Box 1731  
Council Bluffs, IA 51502-1731  
www.camphotshots.org**

**Medical Information:**

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: ___/___/___ ___/___/___
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**NON-PUMP USERS ONLY: (PUMP USERS SEE SEPARATE FORM FOR DOSING)**

Please list current 24 hour insulin regiment for your child (fill in all applicable areas):

TIME	Type of Insulin Hg – Humalog    NPH-NPH Ng – Novolog    UL – Ultra Lente L – Lantus        R - Regular	Insulin: Carb Ratio	Correction Factor	Sliding Scale

## 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 (Physician's 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 \_\_\_\_\_

Date of most recent physical: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

**Return Form To:**

**CAMP HOT SHOTS**  
**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: \_\_\_\_ Spirit: \_\_\_\_ Omnipod: \_\_\_\_ Other: \_\_\_\_

Any other specific dietary needs? (Example-Gluten-Free Diet) \_\_\_\_\_

## Current Snack Plan

### SNACKS:

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.