

Florida Diabetes Camp 2010 Summer Camp Sessions

- *Tallahassee Camp* is at Centenary Camp in Quincy, North of Tallahassee
- *Cycling Camp* will be held around Key Largo. (Drop off and intake will be in Fort Lauderdale)
- *Fun Sports Camp* and *Pee Wee Camp* are at Rotary's Camp Florida in Brandon, East of Tampa
- *Winona Sessions 1 and 2* are held at YMCA Camp Winona in DeLeon Springs, near Daytona Beach

Sessions for Campers 6 to 14 years old

Camp Session	Camp Dates	Cost	Application Deadline
Pee-Wee (ages 6-8)	Sunday, June 20 to Friday, June 25	\$500	Friday, June 11, 2010
Tallahassee (ages 7-11)	Tuesday, June 29 to Saturday, July 3	\$425	Friday, June 18, 2010
Winona I (ages 12-14)*	Sunday, August 1 to Sunday, August 8	\$525	Friday, July 16, 2010
Winona II (ages 9-12)	Saturday, August 14 to Friday, August 20	\$525	Friday, July 30, 2010

*Preference at Winona I will be given to 12 year olds who graduated from Winona II. Remaining 12 year olds will be assigned to either Session I or II based on space and staff. Parents of 12 year old campers may indicate their preference of Winona Sessions, however we can not guarantee that space will be available.

Sessions for Campers 15 to 18 years old

Camp Session	Camp Dates	Cost	Application Deadline
Fun Sports Camp (Tampa)	Sunday June 13 to Friday June 18	\$ 575	Friday June 4, 2010
Cycling Camp (Fiesta Key)	Saturday June 19 to Thursday June 24	\$ 575	Friday June 11, 2010

No child is denied attendance due to financial circumstances.

Those needing financial aid should fill out enclosed aid form and send with application and small deposit.

ELIGIBILITY, NOTIFICATION & ACCEPTANCE

All children with type 1 diabetes taking insulin injections or on the insulin pump are eligible to attend FCCYD. This includes youngsters who are not yet able to give their insulin independently. Children on the insulin pump must have been on the pump for at least 1 month prior to their attendance. The goal of camp is to make campers more independent in their diabetes care. Education will be provided at age appropriate levels.

Campers are accepted on a first come, first served basis. Priority will be given to campers who have not attended diabetes camp previously and campers diagnosed within the past 12 months. Because of limited space, NO places will be held for campers until the Florida Diabetes Camp Office RECEIVES the 2010 camper application and a deposit.

This application must be submitted and signed in hardcopy. **No applications accepted by telephone. If an application is faxed or emailed, the deposit and signed originals must be mailed to our office within 10 days to hold spot.** Information and acceptance packets, including directions to camp, will be sent to you two weeks prior to your camp session. **Applications received after the deadline will be accepted at the discretion of the directors. If your application is rejected, your deposit will be returned.**

Please phone (352) 334-1321 with any questions regarding the application process.

PAYMENT, SPONSORSHIP, CANCELLATION AND REFUND POLICY

A non-refundable deposit for camp programs is required with application (unless other prior arrangements have been made with the camp office). The deposit applies toward camp fees. Cancellations more than 30 calendar days in advance receive full refund (minus deposit); less than 30 days, but more than 10 days, 50 % refund; less than 10 days, but more than 24 hours 25 % refund. NO SHOW WITHOUT 24 HOURS NOTIFICATION, NO REFUND OR CREDIT TOWARDS OTHER PROGRAMS.

Mailing Address for Applications and Business Correspondence

**Florida Diabetes Camp
PO Box 14136
Gainesville, FL 32604**

This is our office mailing address. Please DO NOT send mail to campers at this address.

Your child's camp mailing address will be sent to you with the acceptance packet.

Frank Diamond, MD, President
Janet Silverstein, MD, Medical Director
Rosalie Bandyopadhyay, Financial Aid Director
Gary Cornwell, Program Director
Jody Noll, Registrar

Office Telephone (General Inquiries): (352) 334-1321
Fax: (352) 334-1326
Financial Aid Assistance: (352) 334-1323
E-mail: FCCYD@floridadiabetscamp.org
Website: <http://www.floridadiabetscamp.org>

This Page to be Completed by Parent/Guardian:

Florida Camp for Children and Youth with Diabetes (FCCYD) - 2010 Camper Application

Application for session (please check one):

Tallahassee Camp (Ages 7-11) _____

Pee-Wee Camp (Ages 6-8) _____

Winona Session 1 (Ages 12-14) _____

Winona Session 2 (Ages 9-12) _____

Fun Sports Camp (Ages 15-18) _____

Cycling Camp (Ages 15-18) _____

Name _____ Nickname _____
Last First Middle Initial

Address _____

City _____ State _____ Zip _____ County _____

Date of Birth ___/___/___ Age at Camp ___ Date Diagnosed (month/year): ___/___ Sex ___ Race ___

Grade next year (Fall 2010) ___ Type of Class: Gifted ___ Regular Ed. ___ Special Ed. (Specify) _____

Camper's Height: _____ Camper's Weight: _____ T-shirt Size (Please Circle) **CM CL AS AM AL AXL AXXL**

Has child attended Florida's Diabetes Camp before? Yes ___ No ___ List year(s) _____ Session _____

Has child attended a FCCYD weekend program? Yes ___ No ___ List year(s) _____ Place _____

Biological Mother's Name _____ Home Phone (____) _____

Company Name _____ Occupation _____

Mother's Work Phone (____) _____ Mother's Cell Phone(____) _____

Mother's E-mail address (print clearly) _____

Biological Father's Name _____ Home Phone (____) _____

Company Name _____ Occupation _____

Father's Work Phone (____) _____ Father's Cell Phone(____) _____

Father's E-mail address (print clearly) _____

Guardian's Name _____ Home Phone (____) _____

Guardians Work Phone (____) _____ Cell Phone(____) _____

Guardian's E-mail address (print clearly) _____

With whom does the camper primarily reside? _____

Are both biological parents living? ___ Married ___ Separated ___ Divorced ___ Single ___ Foster ___

If re-married: Step Father's Name _____ or Step Mother's Name _____

Names and ages of camper's siblings and others living in the house:

Emergency Contact (PERSON NOT LIVING IN SAME HOUSEHOLD) Information required for attendance:

Name _____ Relationship to camper _____

Phone (____) _____ Address _____

City _____ State _____ Zip _____ County _____

Endocrinologist _____ Telephone (____) _____

Physician or Pediatrician _____ Telephone (____) _____

This Page to be Completed and Signed by Parent/Guardian, Camper and Witness:

THE FOLLOWING MUST BE COMPLETED FOR ATTENDANCE

This page must be completed and signed by a parent or legal guardian, the camper and a witness and returned with the application. Unless this page is signed, witnessed, and dated, it will be returned to you and your child's spot will not be held until it is completed and returned to the camp office.

MEDICAL TREATMENT RELEASE

(Name of camper) _____ has permission to engage in all prescribed camp activities.

I hereby give permission for the camp personnel:

- a) To provide ongoing medical care, including regular blood and urine tests for sugar and acetone and make insulin dose adjustments as necessary.
- b) To select all medical personnel and order x-rays or any routine tests or treatment for the person listed above.
- c) In an emergency, the camp medical director may seek to transport, hospitalize, secure treatment for, and order injections, anesthesia and/or surgery for medical or dental problems for the person named above. I understand that every effort will be made to notify me.
- d) To share my child's medical information and camp records with his/her referring physicians, CMS coordinator (if applicable), emergency personnel and other care providers as deemed necessary by FCCYD staff.
- e) "I give my permission to the Florida Camp for Children and Youth with Diabetes, Inc. and the Directors to transport and admit my child to a hospital in the event that medical attention is necessary. This may include tests, x-rays, anesthesia, and/or surgery for medical or dental problems for the camper named above. I understand that the camp will notify me of any emergency as soon as possible. I understand that the Florida Camp for Children and Youth with Diabetes is not responsible for injury that may result from accidents, illnesses or other causes."

ACCURACY OF INFORMATION

To the best of my knowledge, the information contained in this application is correct.

RELEASE OF RECORDS

I hereby authorize my child's physicians, counselors, case workers and school personnel to release/share any records and information deemed pertinent to be included in the review of my child's application and participation at camp.

MEDIA RELEASE

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

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:

- a) Following all safety and medical rules.
- b) Eating a balanced meal. Reasonable alternatives are provided.
- c) Participation in scheduled camp activities.
- d) Refraining from the use of abusive language, violence, or other inappropriate behavior.
- e) Staying with assigned group or cabin and treating other campers, counselors, and staff with respect.
- f) Possession and/or use of tobacco products, alcohol, any illegal substance, or medication not registered with the camp nurse are prohibited and will result in immediate expulsion and/or prosecution.

If a camper is having difficulty adhering to these expectations, he/she will be counseled and encouraged to modify his/her behavior. If inappropriate activity continues, a camper will be expected to agree to a behavioral contract and ultimately be asked to return home if the inappropriate behavior persists. A child having difficulty adhering to these expectations risks losing the privilege of returning to camp in the future.

FCCYD reserves the right not to accept applications from youngsters who after repeated attendance at camp do not meet these behavioral expectations and/or have not received counseling as recommended by FCCYD staff.

Who has legal authority to sign documents for this child? _____

If other than biological or adoptive parent(s) please attach legal affidavit with this application

I have read this with/to my child and we understand and agree to all the above releases and conditions.

Parent/Legal Guardian, Camper AND witness MUST sign

- **Signature of parent or legal guardian** _____ **Date** _____
- **Signature of Camper** _____ **Date** _____
- **Witness (must be witnessed by an adult)** _____ **Date** _____

This Page to be Completed and Signed by Your Endocrinologist:

CAMP HEALTH HISTORY AND EXAMINATION FORM FOR 2010

This physical exam should be completed within three months of camp and returned to the camp office two weeks PRIOR to the beginning of the child's session.

Camper's Name _____ Session _____

Birthdate ____/____/____ Date of last exam ____/____/____ Most recent HgbA1C _____ Date ____/____/____

Date Diabetes Diagnosed _____ Height _____ Weight _____ Blood pressure _____/_____/_____

INSULIN DELIVERY SYSTEM USED AT HOME: Injections/Syringe Injections/Pen Pump

Insulin Type:

Humalog Humulin NPH Humulin Regular Humalog Mix 75/25 Humulin 70/30 Lantus (Glargine)
 Novolog Novolin NPH Novolin Regular Novolog Mix 70/30 Novolin 70/30 Levemir (Detemir) Apidra

Insulin Dose (Injections): AM _____ Lunch _____ PM _____ Bedtime _____

(Please indicate dose and type of insulin **example:** 12N/3H for 12 units of NPH and 3 units of Humalog)

Carb ratio: AM _____ Lunch _____ PM _____ Bedtime _____

Correction Factor/Sliding Scale: Day _____ Bedtime _____

Use Insulin Pump at camp? Y/N (If yes, please fill out below) Pump Brand/Model: _____ Type of Infusion set: _____

Basal rates:

<u>Time:</u>	<u>Rate:</u>
12am	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Insulin Sensitivity Factor (ISF):

<u>Time:</u>	<u>ISF:</u>
_____	_____
_____	_____
_____	_____
_____	_____

Insulin on Board (IOB)/Active Insulin/
 Duration of Insulin Action: # of hours: _____

Insulin to Carbohydrate Ratios (I:C):

<u>Time:</u>	<u>I:C:</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Target Blood Glucose Range:

<u>Time:</u>	<u>Setting:</u>
_____	_____
_____	_____
_____	_____
_____	_____

If Child will remain on the pump at camp, the following adjustments should be made upon arrival:
Basal Rate: _____
For Bolus: _____

The Florida Diabetes Camp provides an extremely active program in which a large percentage of daily activities involve water sports. Because of this, insulin pump use during the camp session can be challenging and requires extra effort. This is especially true at the Winona Sessions where campers will be going in the lake several times a day. Due to the removal of the pump whenever entering the water and the need for frequent site changes, some campers may choose to not take the pump to camp and to give insulin by injection during the camp sessions. If so, camper **MUST** discontinue pump use 2 days prior to camp.

If child is going off the pump for camp, please provide the protocol for Insulin Dose (injections) above pump section.

PLEASE TURN OVER – BOTH SIDES TO BE COMPLETED BY THE PHYSICIAN FOR BOTH PUMP AND NON-PUMP USERS

This Page to be Completed and Signed by Your Endocrinologist:

CAMP HEALTH HISTORY AND EXAMINATION FORM FOR 2010

Medical Conditions (e.g. asthma, heart murmur etc.): _____

Date and nature of any operations, injuries, or non-diabetes related hospitalizations in the past 12 months:

How many Diabetes Related Visits to the ER in the last 12 months: _____ List dates and Reason:
Hypoglycemia: _____ DKA: _____ Other: _____

How many Diabetes Related Hospitalizations in the last 12 months: _____ List dates and Reasons:
Hypoglycemia: _____ DKA: _____ Other: _____

Any hypoglycemic seizures in the past 12 months :(Y/N)? _____
If yes, what time of day did seizure occur: _____
Reason for hypoglycemic seizure: _____

Has child required **psychological counseling** in the past 12 months: (Y/N)? _____
If yes, date and nature of care: _____

Is child taking psychotropic medications? (Y/N)? _____ If yes, which ones? _____

Is child currently being treated by a counselor (psychiatrist/psychologist/therapist) (Y/N)? _____
If yes, date and nature of care: _____

Has child ever been hospitalized for psychological issues (Y/N)? _____
If yes, date and reason for hospitalizations: _____

Recommendations and Restrictions while at Camp:

Treatment other than diabetes management to be continued at Camp: _____

Dietary Restrictions: _____

Allergies: _____ Symptoms: _____ Uses Epi Pen (Y/N)? _____

CURRENT MEDICATIONS: *Please bring all medication, including epi-pen, with you and give to camp nurse!*

RX: _____ Dose: _____ Reason: _____

RX: _____ Dose: _____ Reason: _____

RX: _____ Dose: _____ Reason: _____

The patient is physically and emotionally able to participate in an active camp program YES / NO

Licensed physician full name (**please print**) _____

I have further important issues to discuss about this patient, please contact me by telephone **YES / NO**

Address including suite # and zip code _____

Phone (____) _____ Date form completed _____

Physician's signature _____

If completed by nurse or PA, please sign _____

***PLEASE TURN OVER – BOTH SIDES TO BE COMPLETED BY THE PHYSICIAN
Forms not signed and dated by the physician, nurse, or PA will be returned to the parent***

This Page to be Completed by Parent/Guardian:
CAMPER HEALTH HISTORY AND IMMUNIZATIONS

Camper Name _____ Date of Birth _____ Sex ____ Session _____

Give approximate dates for the following illnesses:

	Ear Infections		Dehydration/vomiting with ketones
	Heart defect/disease		Chicken Pox
	Seizures		Insect sting (allergic reactions)
	Bleeding/clotting disorders		Penicillin (allergic reactions)
	High blood pressure		Poison Ivy, etc
	Psychological counseling		Allergy to other drugs (Specify _____)
	Asthma		Other allergies (Specify _____)

Date of last physical examination _____ Physician's name _____

Dates and nature of any surgeries or injuries _____

Disability or chronic or recurring illness _____

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

Has your child seen a counselor/psychologist/psychiatrist/therapist? No ____ Yes ____ Dates _____

Reason _____

Has your child ever been hospitalized for behavioral or psychiatric care? _____

If so when and why? _____

How many days of school did your child miss this year due to behavioral problems _____ or school problems _____ or diabetes ____ Please explain _____

Dietary Restrictions _____

Current medications (other than insulin). Please send enough with instructions to last the entire session.

If your child is on medication for ADHD during the school year, medication must be continued at camp (Vitamins will not be dispensed) _____

Uses Epi Pen (Y/N)? _____ If yes, please bring Epi Pen to camp

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.

IMMUNIZATION RECORD MUST BE COMPLETED FOR ACCEPTANCE

You may substitute a school or State of Florida immunization form. **If you are a returning camper and have previously submitted the record, you only need to list updates and boosters.** If your child has not received the additional MMR booster after the original one at age 12 - 18 months, please consult your doctor.

FCCYD Medical Staff strongly recommends that ALL campers be immunized against Hepatitis B.

***Tetanus immunization must be up to date. Please consult your doctor.**

VACCINES	YEAR OF BASIC IMMUNIZATION	YEAR OF LAST BOOSTER
DPT (Diphtheria, Pertussis/Whooping Cough, Tetanus)		
TD* (Tetanus, Diphtheria) or tetanus toxoid (Tetanus must be up to date)		*
MMR (Measles, Mump, Rubella)		
Polio		
Tuberculin Test ____ (most recent)	Results _____	
Hepatitis B		
Chicken Pox		

This Page to be Completed and Signed by Parent/Guardian and Camper:

INSULIN PUMP POLICY, PROTOCOL AND INFORMATION

(This section only for youngsters on insulin pump)

Campers Name: _____ **Camp Session:** _____

The Florida Diabetes Camp provides an extremely active program in which a large percentage of daily activities involve water sports. Because of this, insulin pump use during the camp session can be challenging and requires extra effort. This is especially true at the Winona Sessions where campers will be going into the lake several times a day. Due to the removal of the pump whenever entering the water and the need for frequent site changes, some campers may choose to not take the pump to camp and to give insulin by injection during the camp sessions. If so, camper **MUST** discontinue pump use 2 days prior to camp.

If the family and camper choose to wear the pump, the following protocol is in effect. Depending upon the camper’s age he/she will manage bolus decisions and site changes in consultation with and under the supervision of camp staff. The camper should be able to care for the pump and be responsible for it. We recommend the camper have experience with the pump for at least 1 month before coming to camp.

Pump Brand/Model _____ **Type of infusion set** _____

Month and Year child started on pump _____

The family and camper must agree to the following guidelines:

1. The pump may be discontinued if the camper is having frequent hypoglycemia, site infections, etc. If this occurs, insulin will be administered by subQ injections for the remainder of the camp session. This decision rests solely with the FCCYD Medical Director and/or camp physician.
2. The family will need to bring **all** pump related supplies. Needle insertion site may need to be changed as often as once per day because of increased activity in the water and at land sports and because of the summer weather conditions. Bring one set for each day. You will be called to bring or send by overnight delivery more supplies if necessary. The family understands that FCCYD is NOT responsible for pump breakage or loss. Family should check the pump batteries before camp and send an extra set of batteries.
3. By signing this protocol we agree to the guidelines as described in this policy and understand that the Medical Director and physicians of Florida Camp for Children and Youth with Diabetes, Inc. will be making the decisions regarding our child's pump usage while at Diabetes Camp.
4. Parents: Please change your child’s pump site in the morning prior to coming to camp.

Parent/guardian signature Date

Parent/guardian signature Date

Camper name and signature Date

**Please read completely and return with your camp application!
(Originals must be received prior to the start of camp)**

This Page to be Completed and Signed by Parent/Guardian:

Please Provide FCCYD with a recent photo of the camper, preferably this year's school picture.

Child's Name _____

Session Attending _____

Age at time of photo _____

Name of School _____

School Phone _____

Current Grade _____

(Or most recently completed grade if applying for camp after the end of the school year)

Home Schooled _____

School Attendance: Days missed (absent) during the school year _____

Reason for absence _____

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

**PLEASE ENCLOSE A COPY OF THE MOST RECENT AVAILABLE REPORT CARD.
REQUIRED FOR ACCEPTANCE**

INSURANCE: Do you carry medical/hospital insurance? Yes ___ No ___

Name of Carrier _____ Policy/group Number _____

Telephone Number of insurance company _____ Address _____

City _____ State _____ Zip _____ County _____

Please send a photocopy of your insurance card for our records including Medicaid or CMS Network card.

TRANSPORTATION INFORMATION

My child _____ will be brought to camp by _____.

He/she will be picked up by _____.

Each camper must proceed through CHECK-IN/ INTAKE upon arrival at camp with a parent or other responsible adult who can provide medical and other data to the medical director and counselors.

Florida Camp for Children and Youth with Diabetes will NOT be responsible for meeting campers at bus stations, airports, or any other locations.

Signature of parent/guardian

DIABETES MANAGEMENT INFORMATION

A. Has your child ever required any diabetes related hospitalization other than at diagnosis?

No ___ Yes ___ Number of times in past year _____ Reason _____

B. Blood glucose monitoring done: _____ times per day _____ times per week.

C. Does your child use an insulin pen? Yes _____ No _____

CAMPER GOALS

A) What do you want to learn at camp? _____

B) What do you most look forward to doing while at camp? _____

C) My two favorite activities are: 1) _____ 2) _____

PARENTAL GOALS

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

This Page to be Completed by Parent/Guardian:

PAYMENT OPTIONS

1. _____ FAMILY IS ASSUMING RESPONSIBILITY FOR PAYMENT OF ALL CAMP FEES.

- _____ A. Full payment enclosed (cost in front) \$ _____ By check/money order or Charge Card below
- _____ B. **Payment Plan:** Deposit enclosed: \$ _____ By check/money order or Charge Card below
- Next Payment \$ _____ Date to be sent _____ By check/money order or Charge Card below
- Final Payment \$ _____ Date to be sent _____ By check/money order or Charge Card below

All Fees must be paid by first day of camp session. Contact the Financial Aid Director to arrange payment plans

Debit or Credit (please circle - Visa/MasterCard/American Express/Discover Card)

Card Number _____ - _____ - _____ - _____ Exp. Date ____/____ Security Code # _____

Card Holder's Name _____

Cardholder's Billing Address _____ Zip _____

Signature _____

2. _____ SPONSORSHIPS AND FINANCIAL AID: This section must be filled out completely

FCCYD policy states that all eligible children can attend regardless of amount of fee family can pay. However, FCCYD is a private not for profit organization and is not affiliated with any national diabetes charity. Therefore a limited amount of scholarship money is available. We ask that all families pay as much of the fee as they can so that we may assist as many campers as possible. A sliding scale is used to determine scholarship awards. Please note: By applying for financial assistance I/We give permission to FCCYD, Inc. to use our name and our child's name when seeking campership assistance specifically for our family. **Parent/Guardian must sign:** _____

- A. **A \$25.00 deposit must be sent will all applications.** Please enclose Check/Money Order or fill out Debit/Credit Card Information above and date to run card.
- B. **Based on your current income, additional amount you can pay \$** _____
- C. **I already have a sponsor (name)** _____ **They have pledged: \$** _____
- D. **Total Household Income – for everyone living in household & biological parents living outside home**

	Place of Employment	Position	Monthly Income before taxes
Mother	_____	_____	_____
Father	_____	_____	_____
Step-parent	_____	_____	_____
Step-parent	_____	_____	_____
Grandparent	_____	_____	_____
- E. **Other Sources of Income:** Child Support (monthly): \$ _____ monthly
Disability, social security, retirement, unemployment: \$ _____ monthly
- F. **Other required information:**
Is camper in foster care? **YES NO** **Caseworker Name & phone number:** _____
Is household eligible for food stamps? **YES NO** **If YES, number:** _____
Is camper eligible for reduced school lunch? **YES NO** Is camper eligible for free school lunch **YES NO**
Is camper eligible for Medicaid (Medicaid does NOT pay for camp) **YES NO (# required)** _____
Is camper seen by Children's Medical Services (CMS)? **YES NO (# required)** _____
CMS Care Coordinator Name: _____ Phone _____
You must submit a copy of your Medicaid or CMS Network Card if applicable
- G. Is there a special financial situation that may require our consideration?

Families are encouraged to contact service clubs and organizations such as the Lions, Kiwanis, Rotary, Hospital Auxiliaries or businesses in your area for sponsorships. We will be glad to help you in this process, please call 352-334-1323 for assistance. The **American Diabetes Association (ADA)** provides a limited number of camperships for children to attend FCCYD. Priority is given by the ADA to newly diagnosed children, those who have not been to camp before, and the indigent. FCCYD and ADA are separate organizations and do not share camper files. If you are applying for ADA financial assistance, you must submit this camp application to the FCCYD Gainesville office. At the same time, please send your ADA campership forms to your local ADA office. For more information and ADA campership call 1-888-DIABETES (1-888-342-2383) or www.diabetes.org.

GENERAL PACKING SUGGESTIONS FOR 2010 CAMPS

Do Not Let Your Child Bring Any Items That Would Upset You If They Were Lost or Stolen

FCCYD is not responsible for items lost, stolen or broken. Print camper's name on belongings. Packing list for your child's specific camp session will be sent two weeks before the camp starting date.

We recommend duffel bags for packing, no trunks or large suitcases as there is limited storage space

CLOTHING:

- ___ Shorts (1 pair/day)
- ___ 1 Pair Long pants or jeans
- ___ T-Shirts (1 or 2 per day)
- ___ Socks (1 or 2 pair/day)
- ___ 2 pair shoes (sneakers are fine)
- ___ 1 pair of flip-flops
- ___ Underwear (2 pair/day)
- ___ Night clothes (extra for bedwetters)
- ___ 2 or more bathing suits if possible (Esp. Winona)
- ___ Light Sweatshirt

LINENS:

- ___ 2 sets of sheets (single bed flat and fitted)
- ___ Plastic sheet or mattress cover for bedwetters
- ___ Pillow and 2 pillowcases
- ___ Light Blanket/sleeping bag optional
- ___ 4-6 towels/ washcloths (extra towels are important)

OTHER ITEMS:

- ___ Rain coat or poncho
- ___ Dirty laundry bag (mark with child's name)
- ___ Flashlight and batteries
- ___ Sunscreen (SPF 15 or higher)
- ___ Sun hat or visor
- ___ Insect repellent lotion (no sprays/aerosol cans)
- ___ Disposable camera (**put camper's name on it**)
- ___ Small Electric Fan (Camp Winona only)

TOILETRIES:

- ___ Toothpaste and toothbrush
- ___ Soap (liquid soap or body wash not bar soap)
- ___ Comb or hair brush
- ___ Shampoo (tear free for little ones)
- ___ Sanitary Napkins or Tampons

MEDICATIONS: Campers on insulin pumps need to bring supplies for the pump (one infusion site per day AND batteries for pump) All insulin will be provided. For campers taking injections all supplies will be provided. Meters and strips for ALL campers will be supplied. If your child uses an Epi Pen, please bring that to camp with your child's name clearly marked on the pen. All other prescription medications must be brought with camper. If not you will be billed for medication.

DO NOT BRING: CELL PHONES, THEY WILL BE CONFISCATED

Any items considered dangerous (Knives, guns, weapons, or fireworks)
 Alcohol, tobacco products, or any controlled substances or drugs
 Food of any kind (gum, candy, etc. even if sugar free)
 Large footlockers or trunks (there is no place to store them)
 Electronic games, CD players, tape players, radios, cell phones, ipods, pagers or two-way radios
 Money, jewelry, or expensive articles.

Please put your child's name on all items.

For younger campers, we recommend packing sets of clothes in separate zip-lock bags. At end of camp check your child's cabin, clotheslines and lost/found. Camp cannot afford to return items left behind. **For the safety of all individuals, We reserve the right to inspect all luggage. Inappropriate items will be held by the camp director.**

CHECKLIST FOR COMPLETE APPLICATION*

- ___ Application page (page 1)
- ___ Permission page (**must be signed, dated and witnessed**) (page 2)
- ___ Medical Form (Doctor must complete & sign) (pages 3 & 4)
- ___ Health History (Parent must complete) (page 5)
- ___ Pump Policy (page 6)
- ___ Transportation, Goals, & Diabetes Management (page 7)
- ___ Latest Report Card & Recent Photo (page 7)
- ___ Payment Information and deposit (page 8)
- ___ Credit Card Information (page 8)
- ___ Sponsorship and Financial Assistance Information (pages 8)

***In order for us to process your child's application, we must receive pages 1 and 2 along with a \$25.00 deposit. Other information, such as the doctor's Medical Form, may follow as long as they are received at least 2 weeks prior to the start of camp. Please do not delay sending in your application while you wait for missing items!**