



## Welcome to Day Camp E.N.E.R.G.Y.

Thank you for registering for the RGVDA Day Camp E.N.E.R.G.Y. This year's event is just around the corner, This year's overnight camp will start Thursday June 14, 2018 with pick up on Saturday, June 16, 2018. In this packet you should find everything you need to prepare your child for the best day of their summer. The camp is designed for children from the age of 7 to 16.

*I hope you are ready to learn, meet new friends, laugh, swim, canoe, and have fun!*

Enclosed you will find the following:

- General Information
- Safety guidelines
- Camper Information Form
- Campers guest information forms (Guest fee \$50.00, for children 7- 14 years of age only)
- RGVDA Waivers (signed by parents)
- Personal Health Information (signed by physician)
- Code of Ethics

Please make sure the entire application is complete before mailing it. Incomplete applications will delay the assignment process and may jeopardize your camper's chances of being accepted. All Completed and signed applications must be in by May 22, 2018 to RGVDA, 420 S Closner Blvd., Edinburg, TX 78539.

**Should you have any questions please do not hesitate to the RGVDA Office (956) 782-1900**

### ✓Family Checklist

- Complete & return to RGVDA prior to event: *Campers Application, Health Information Consent, Code of Ethics (Camper Insulin Pump Therapy if Applies)*
- Read *Safety Guidelines*
- Read *General information*
- Read Participants Code of Ethics
- Parent/Guardian must provide a driver's license to check-in and check-out their child from RGVDA Day Camp E.N.E.R.G.Y.



## General Information

**WHO:** Children with type 1 & 2 diabetes ages 7 through 16, within the Rio Grande Valley.

**WHAT:** A summer camp for children who have diabetes. Campers enjoy exciting camp programs while they learn to control their diabetes by following accepted health practices. A medical staff comprised of physicians, nurses, and dieticians is located on site.

**WHEN:** June 14-16, 2018

**WHERE:** Camp Energy, Mission, TX

**HOW:** Parents/Guardians are asked to bring and pick up campers. All campers must be accompanied to and from camp by an adult.

**COST:** Free to eligible campers with type 1 or Type 2 diabetes. Guest fee of \$50.00, children 7- 12 years of age.

**GOALS:** The goal is to educate children, who have diabetes in a healthy and safe environment.

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**WHERE:** Camp Perry (see enclosed map)

**Check-in:** June 14 8:30 AM  
**Program begins at:** 10:30 AM  
**Parents program:** June 16 1:00 PM  
**Check-out:** 2:30 PM

### What to Bring:

- Swimsuit (one piece suits only)/ Towel (2)
- A change of clothes for the 2 days
- Regular medicine and supplies needed & written instructions for use
- Sunscreen & bug spray
- Written permission for alternative parent/ guardian to pick up your child if you will not to be the one to check-out your child at 4:30 PM.
- Alternative meals if necessary

### Meals:

- Breakfast (2) June 14 & 15
- Mid Morning Snack (3) June 14, 15 & 16
- Lunch (3) June 14, 15 & 16
- Mid Afternoon Snack (3) June 14, 15 & 16
- Dinner (2) June 14 & 15
- Late Night Snack (2) June 14 & 15
- Upon arrival: Please check in at the RGVDA Camp Registration Table (Parent/Guardian must provide proper identification (driver's license) to check-in and check-out children from Camp E.N.E.R.G.Y.).



## **Day Camp E.N.E.R.G.Y. Event Safety Guidelines**

### **Medical Management**

- Parents must provide complete and accurate information about their child's diabetes management, allergies and other medical conditions so that the medical staff can provide optimal care.
- Physicians, nurses and dietitians will be assigned to your child's group and will be on hand throughout the day to assist as needed with blood sugar checks, insulin administration, treatment of lows and other medical care that may be needed.
- If needed the medical team will call EMS and/or transport the child for emergency care. Parents will be notified of this action as soon as the safety of the child has been secured.
- The medical team will provide parents with a record of blood sugar check results, insulin doses given, and treatment provided for high and low blood sugar. Any additional medical care such as treatment of minor injuries will also be provided at check-out.

### **Personal Safety**

- The ratio of adults to children during the event is 1 to 3. Children are expected to follow the instructions of the adult leaders. Children who are disruptive, belligerent, or who engage in behaviors that are dangerous to others will be sent home.
- During the children's activities, the BUDDY SYSTEM is in effect at all times. No child will go anywhere without a buddy, and without first informing their group leader(s). Children who consistently wander away from the group will be sent home.
- Children should leave electronic equipment (with the exception of diabetes care supplies) at home. RGVDA or Boys Scouts of America/ Camp Perry will not be responsible for lost or damaged personal property.

## RGVDA Camper Application

Please print name of Child:

Last Name:

First Name:

Middle Name:

Mailing Address:

City:

State:

Zip:

Age:

Date of Birth:

Sex:

Home Phone: ( )

Please print name of parent/guardian:

Last Name:

First Name:

**Mother's Work Phone & Fax:**

Phone: ( )

Fax: ( )

**Father's Work Phone & Fax:**

Phone: ( )

Fax: ( )

Pager: ( )

E-mail: ( )

**Name of Emergency Contact**

(other than parent):

Emergency Contact's Cell Phone:

Emergency Contact's Home Phone:

**Relationship to Camper:**

( )

( )

Is there anything special you can tell us about your child that will help promote a positive experience?

How would you rate your child's overall diabetes self-care knowledge?

Poor

Below Average

Average

Above Average

Exceptional

**The PHI to be disclosed is limited to the following:**

[ ] Child's photograph or likeness

*I hereby authorize the Rio Grande Valley Diabetes Association (RGVDA) to use my child's photo/likeness to promote RGVDA youth events, publicize the RGVDA youth program, and/or fund-raise for the Rio Grande Valley Diabetes Association.*

[ ] Other: (specify)

\_\_\_\_\_ To emergency medical personnel for provision of care and billing

\_\_\_\_\_ To hospital or clinic personnel for provision of care and billing

\_\_\_\_\_ To release of records back to my primary care physician and RGVDA Youth Event Medical Staff for continuation of medical care.

**Right to Revoke:** I understand that I have the right to revoke this Authorization at any time by giving RGVDA written notice of the revocation. I understand that any revocation will not apply to any disclosure that has already been made in reliance upon this authorization.

**Right to Refuse:** I understand that I have the right to refuse to sign this Authorization and that my refusal will not affect my child's ability to receive treatment, get payment for treatment, or attend the RGVDA Day Camp E.N.E.R.G.Y..

**Copies:** I understand that I will be given a copy of this signed Authorization.

A copy of this document is valid as an original. The original is not required to be shown.

Campers Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Name of Custodial Parent /Legal Guardian if staff member is under 18: \_\_\_\_\_

I hereby authorize the RGVDA to release my child's personal health information as described below. I further recognize that use of my child's photo/likeness by the RGVDA may lead others to conclude that I have diabetes and as such reflects Personal Health Information (PHI). The PHI may be disclosed as part of the RGVDA's marketing efforts, including but not limited to, mailing list development for youth events, a brochure promoting youth events or other educational program, or fundraising events of the Rio Grande Valley Diabetes Association.

**AUTHORIZATION TO DISCLOSE PERSONAL HEALTH INFORMATION**

## HIPAA (Health Insurance Portability and Accountability Act) Insurance Information

Camper Name:	Social Security Number:	Date of Birth:	Age:
Parent/Guardian Name:	Policy Holder Social Security Number:		
Address:	City:	State:	Zip:
Parent Home Phone: ( )	Parent Work Phone: ( )	Parent Cell Phone: ( )	
Emergency Contact (other than parent):		Relation to Camper:	
Emergency Contact's Home Phone: ( )		Emergency Contact Cell Phone: ( )	

Health Insurance Company/Medicare/Medicaid: (If uninsured, write " <b>None</b> ")	
Address:	Phone: ( )
Policy Number:	Certificate Number:
Name of Insured:	Company/Business Name:
Employer Contact:	Phone: ( )

### Insurance Information

Previous or Continuing Illness (indicate last occurrence if applicable):			
<input type="checkbox"/> Asthma _____	<input type="checkbox"/> Chronic Cough _____	<input type="checkbox"/> Epilepsy _____	<input type="checkbox"/> Strep Throat _____
<input type="checkbox"/> Celiac Disease _____	<input type="checkbox"/> Diptheria _____	<input type="checkbox"/> Measles _____	<input type="checkbox"/> _____
<input type="checkbox"/> Chicken Pox _____	<input type="checkbox"/> Ear Infection _____	<input type="checkbox"/> Mumps _____	
Has patient had any serious medical illness or surgery in the past year? If yes, describe:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Food Allergies (Please be specific): _____		Gluten Free Diet?	<input type="checkbox"/> Yes
Allergies to bee/wasp/medications/etc.? Treatment given:		If yes, describe:	
Any secondary health problems or concerns:			
Medication	Medications other than Insulin Dosage		Reason

I approve camping activities for this applicant.

Physican Signature  
PRINTED name of physician:

Date:

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

### Blood Sugar Monitoring

Is your child able to test their own blood sugar?

- YES, independently
- YES, with limited assistance
- NO, please do blood sugar check

Blood Sugar Checks will be done whenever a child demonstrates low or high blood sugar symptoms and/or at the beginning/end of each event and/or (PRN- as needed or instructed by parent/guardian):

**Insulin Administration**

Please list insulin administration plan details below:

Does your child administer their own insulin?

- YES, independently
- YES, with limited assistance
- NO, please administer insulin

What are your child's low blood sugar symptoms?

Does your child recognize his/her low blood sugars?  Yes  No  Not always

How do you normally treat low blood sugars at home?

Name of Physician who treats your diabetes: \_\_\_\_\_

Phone Number of Physician who treats your diabetes: (\_\_\_\_) \_\_\_\_\_

IN CASE OF MEDICAL EMERGENCY, I understand every effort will be made to contact parents of child or person designated as emergency contact. In the event that they/I cannot respond, I hereby give my permission to the physician selected by the Event Director and medical team to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for me as named above.

\_\_\_\_\_  
Parent Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Name of Child

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

I authorize investigation of all statements herein and release the RGVDA and all others from liability in connection with same. I understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by the RGVDA.

\_\_\_\_\_  
Parent Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

*All statements become part of any future retreat event staff's personnel file. This form has been drafted to comply with federal laws; however, the Rio Grande Valley Diabetes Association assumes no responsibility or liability for use of this form.*





## Participant Code of Ethics

This document should be read, signed and returned by all youth event participants.

### Protection of Participants:

- Children will not be left alone without the supervision of at least two adults at any time. Children are not to wander away from their group.
- Event participants will treat the adult leaders and medical staff with respect and will follow their directions. This is important for both the safety of the individual and group.
- Event participants will respect each other and will not hit, punch, pinch or otherwise physically hurt another child or adult.
- Event participants will respect each other and will not humiliate, degrade, threaten or use profanity.
- Events participants will respect the ethnic, religious, and cultural backgrounds of their fellow participants and adult leaders.
- Event participants will tell their group leaders if they are hurt (cuts/scrapes, insect bites) or feel high or low.
- Event participants will not use, possess, or be under the influence of alcohol or illegal drugs while at the retreat event or training events.
- Event participants will not abuse, steal from, or show disrespect to their fellow staff, participants, or facility/personal property.
- Event participants will follow the direction of the medical team regarding diabetes management.

I understand and agree to adhere to all expectations and rules established for the RGVDA Day Camp E.N.E.R.G.Y. and the RGVDA as explained above. I understand that failure to comply may result in dismissal from the event.

Signature of child: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_