



Camp McCumber

Camp for Children with Diabetes
Sponsored by
Lions District 4-C1 Health Foundation

Hello from Camp McCumber!
June 24, – June 30, 2018

Dear Camper and Family,

We are delighted that you are interested in coming to Camp McCumber this summer, June 24 through 30, 2018! Camp is a lot of fun every year and this year is also going to be a great time with new activities and games. You are receiving a Camp McCumber Camper Application in this package. The fee for attending camp is \$375. This reflects only a portion of the costs of running camp and the many expenses we incur. Lions' Clubs have kept the cost low to provide the opportunity for as many campers as possible to attend. Follow these easy steps to complete the application process.

Should you need financial assistance to pay the \$375, please see our fund raiser information below. If you need additional assistance, we can supply you with the names of Lions Clubs in your area which may be able to offer assistance. For a list of those clubs, contact Lion Don Ruble, BARNEE182@GMAIL.COM (e-mail preferred) or Home 530-742-1759, Cell 530-751-6419.

1. Fill out the Camper Application by going through each page and providing the information needed. Be sure to sign everywhere that is requested. Please remember that we require both a parent/guardian **AND** a medical provider to fill out the appropriate medical information forms. **Complete the application and mail by June 8, 2018** to:

Lion Don Ruble
3303 Hammonton Rd.
Marysville, CA 95901

2. Approximately two weeks before camp, we will e-mail or mail a "Welcome to Camp!" letter with more information about what you will need to bring to camp, when your "Check-In" time is, and other helpful details. Read this information and prepare for camp!
3. Double check that you've got everything before you leave for camp, and then arrive at camp at the Check-In time specified in the Welcome to Camp letter.

Fundraiser!

Well now you've seen how easy it is to sign up for camp. Camp will be fun and educational as it is every year. All that fun and education comes at a cost of course, and we work hard behind the scenes to make camp a reality each year. Costs keep rising, however, so the Lions Health Foundation decided to provide campers with an opportunity to help defray some of the costs. By participating in the Fundraiser, campers gain knowledge about the value of going to camp. The fundraising activity for this year is distributing Papa Murphy coupon cards.

(Continued next page)

Coupon cards are sold for \$5 each and have eight coupons worth a total of over \$40. This is a great way for pizza lovers to save!

To create added incentive for the campers we have *Special Awards* for the top sellers.

To the parents or guardian: ***We will deduct \$3.00 from the cost of camping for each card sold. For example, sell 33 cards = \$99 reduction. Sell 125 cards = No cost for camp!!!***

Note to Parent or Guardian: If your child takes coupon cards to sell and does not return the cards or the money, you will be held responsible!

Some people join the Fundraiser because it helps manage the costs of camp, others because it improves and expands the activities available at camp, and still others because it is a good learning experience on the value of camp and its costs. But for whatever reason you think is right, that is good enough to join the Fundraiser! Please check the Fundraiser box on the application and help out! The sooner you send in your application the sooner you can start to sell coupons and this will help you win one of the special awards ***and help pay your way to camp!***

If you have any questions after reading the information about camp, please feel free to contact one of us. We are happy to provide any additional information you might need. All of us at camp look forward to seeing you and your child at camp this summer!

Sincerely,

Lion Don Ruble
Lions Health Foundation
Cell: 530-751-6419
E-mail: barnee182@gmail.com

Lion Robert L. (Bob) Trueax
Camp Administrator
Cell: 530-591-7758
E-mail: rltrueax@gmail.com

Lion Greg Miller
Diabetes Camp Co-Administrator
Cell: 530-921-0751
E-mail: gmliller9662@sbcglobal.net

Lion Kim Miller
Diabetes Camp Director
Cell: 530-921-2429
E-mail: kgmiller813@sbcglobal.net

**CAMPER & PARENT/GUARDIAN
GENERAL INFORMATION FORM**
Camper Information

Camper's Name: (Last) _____ (First) _____

Mailing Address: _____
(Street) _____ (Apt.) _____

(City) _____ (State) _____ (Zip) _____

Phone: (____) _____ E-mail: _____

Sex: M ___ F ___ Age: _____ Shirt Size S M L, S M L 1XL 2XL 3XL 4XL
(Youth) (Adult) (Circle one)

Birth date: ___/___/___ Camper's Nickname (optional): _____
(Choose a "fun" nickname)

Grade next fall? _____ School: _____

Attended Camp before? Y ___ N ___ Year(s)? _____

Special Dietary Needs:

_____ Gluten Free

_____ Allergic to the following foods: _____

_____ Other special dietary needs: _____

_____ Vegetarian **(Please do not check unless you plan to eat only vegetarian meals,
as we have to pay extra even if you don't eat them.)**

PARENTS/GUARDIANS INFORMATION:

Mother's Name: _____

Address: _____

Home phone: (____) _____ Work phone: (____) _____

Father's Name: _____

Address: _____

Home phone: (____) _____ Work phone: (____) _____

Step Parent's Name: _____

Address: _____

Home phone: (____) _____ Work phone: (____) _____

Camper lives with: Mother ___ Father ___ Guardian ___ Step Parent ___ Other ___

(specify) _____

Who has full legal custody? _____

EMERGENCY CONTACT NAMES

IN CASE OF EMERGENCY, If parent cannot be located, the following person (relative or close friend) should be contacted. This person must have a telephone and be available to pick up the camper. *They should reside at a different house than the camper.*

Name _____
Relationship _____
Address _____
City, State, Zip _____
Phone: Day _____ Evening _____

TRANSPORTATION INFORMATION AND AUTHORIZATION

Occasionally parents are unable to transport their child to and from camp. We will attempt to put you in contact with another parent in your area as needed. *Completion of this section is optional, but we do have campers who need rides, so please help if you can!*

____ I would be willing to help transport a camper from my area if needed.

____ I am in need of assistance transporting my child. (Staff will follow up after your request has been processed. Please be patient.)

Signed: _____ Date: _____
(Parent or guardian)

PUBLICITY RELEASE

Camper (name in full) _____
plans to attend camp for youth with diabetes at Camp McCumber, June 24-June 30, 2018. Attendance at camp is considered a publicity release and gives the Lions' Health Foundation the right to use pictures, quotes, etc. in marketing literature and for other Health Foundation purposes.

Signed: _____ Date: _____
Parent(s) or Guardian(s)

AGREEMENT TO CAMP RULES

This form must be signed and returned with the application before registration can be completed.

The goal of the Lions and Lioness Clubs of District 4-C1 is to provide a very valuable experience to young persons with diabetes at Camp McCumber. The program is based on a strong commitment to a valuable, fun learning experience at camp. **PLEASE** read the following rules carefully and sign below. Your signatures below indicate you (camper and parent/guardian) have read the rules, understand them, and agree to observe them.

(Continued next page)

RULES FOR PERSONAL CONDUCT AT CAMP:

- Campers may not leave camp without the permission of the CAMP DIRECTOR.
- Campers will not destroy either camp or personal property and will be liable for damages.
- Campers will not intentionally physically or emotionally injure another person. This includes improper language (swearing, threatening), fighting and other incidents.
- Campers will not engage in any type of sexual or inappropriate contact.
- Campers will not SMOKE or possess any tobacco or smoking materials.
- Campers will not use or possess ALCOHOL or DRUGS. Prescribed medication must be registered with camp doctor.
- Campers are not allowed to have or use cell phones, i-pods or other electronic devices. If you wish to take pictures, bring a camera, preferably disposable. **No cell phone cameras.**
- Campers who are in the PROXIMITY of someone who is breaking one of the above rules may also be dismissed from camp.
- DIABETES TESTING EQUIPMENT must be used properly and disposed of immediately in the designated area.

NOTE: THERE ARE NO EXCEPTIONS TO THE ABOVE RULES, ANY CAMPER WHO DOES NOT FOLLOW THESE RULES: 1) WILL BE PROMPTLY DISMISSED FROM CAMP: 2) MUST HAVE PARENT OR GUARDIAN COME TO CAMP TO PICK THEM UP: 3) CAMP FEES WILL NOT BE REFUNDED: 4) RISKS LOSING THE PRIVILEGE OF RETURNING TO CAMP IN THE FUTURE.

Camper also agrees to the “GO” program – upon first trouble incident (swearing, bickering, disobeying, loud music, etc.) camper gets a “G” and we call parents: upon second incident camper gets an “O” and must “GO” HOME. We contact camper’s parents and they pick up camper.

CAMPER, PLEASE NOTE AND SIGN: I have read and understand the rules for attending camp and agree to abide by them:

Signature: _____ Date: _____
(Camper’s signature)

PARENT OR GUARDIAN – PLEASE NOTE AND SIGN: As Parent or guardian, you are expected to help enforce the rules set by the camp committee.

I have read and understand the rules and will help enforce them. I agree to pick up my child from camp early if he/she breaks this contract. I further agree that if I am unable to pick up my child that I have previously arranged to have the following person pick up my child from camp (required if you may not be able to pick up your child):

Pickup Person’s Name _____ Phone _____

Relationship _____

Parent/Guardian Signature: _____ Date: _____

FINANCIAL INFORMATION

The Lions Health Foundation of 4-C1, a non-profit service organization whose purpose is to provide an educational camping experience to help youth with diabetes, sponsors Camp McCumber for children with diabetes. The cost of seven days at camp is \$375. Camper fees are applied to the expenses associated with the camp facility, medical supplies, food, kitchen staff, and educational and recreational activities. Please make checks payable to: **Lions Health Foundation, District 4-C1** and indicate on the check that it is for the "Diabetes Camp."

FUNDRAISER INFORMATION

Due to the rising costs of running camp, we now have a Fundraiser, which is distributing Papa Murphy's Take-and-Bake coupon cards. These are popular locally and are easy to distribute. Sell as many as you can since we have **Special Awards** for the top sellers! We also reduce the cost for camp according to the number sold. (See cover letter) We encourage all parents to engage their children in this fundraising activity to help them understand the costs of going to camp. Feel free to contact me early to receive a Fundraiser packet immediately, or check here and one will be sent upon acceptance of your application. **Please see cover letter concerning Parent's responsibility for these coupons!**

_____ I would like to receive a Fundraiser packet for Papa Murphy's!

GENERAL PAYMENT INFORMATION

NOTE: This section MUST be completed or the application will be returned to you!!

We are asking for a \$50.00 deposit to accompany this application and the remaining \$325 when your child arrives at camp. Your deposit will be returned if your child cannot attend camp (and we are notified in writing by June 8, 2018), or in the unlikely event that Camp is cancelled.

_____ I am enclosing \$_____ (Min. \$50.00) deposit and will pay the \$_____ balance (Total \$375) when my child arrives at camp. Check # _____

Signature of Parent(s) or Guardian(s)

Date

If you cannot afford the full cost of sending your child to camp, fill out the section below and we will find/help you find a campership for him/her. Also, please consider having your child participate in the Fund Raising Program.

CAMPERSHIP PAYMENT INFORMATION

Fill out the information below if you cannot afford the total fee and are requesting a campership:

I can contribute \$_____ towards the cost of my child going to camp. I have included \$_____ check # _____ (deposit) and will pay \$_____ (balance) when my child arrives at camp. I am requesting a campership for the remaining amount \$_____.

Signature of Parent(s) or Guardian(s)

Date

PARENT/GUARDIAN PERMISSION FORM

Camper's Name: _____ Age _____
 Diabetes onset age: _____

Answer each question on a scale of: 1 = Always, to 5 = Never.

	Always.....Never				
My child takes responsibility for his/her diabetes care	1	2	3	4	5
My child adjusts easily to new situations	1	2	3	4	5
My child has fears and/or nightmares	1	2	3	4	5
My child wets the bed	1	2	3	4	5
My child relates well to others	1	2	3	4	5
My child has trouble following rules	1	2	3	4	5
My child has trouble learning	1	2	3	4	5

Any activity restrictions? Yes ___ No ___ If yes, please explain _____

Have there been any significant changes in your child's life in the past year (i.e.. Move, Divorce, Marriage, Death) or is there any other information that may be helpful? Yes ___ No ___
 If Yes, please explain: _____

PARENT/GUARDIAN PERMISSION

_____ (Camper's Name) has my permission to attend Diabetes Camp at Camp McCumber June 24 – June 30, 2018. Permission is given to representatives of Lions and Lioness of District 4-C1 to render customary health care including adjustments to insulin and diet, as needed based on the decisions of the medical staff. I understand that any part of my child's medical records may be used for medical care and related purposes. If a needle used by my child sticks anyone at camp, I/we hereby consent to routine blood testing of my child under the direction of the camp physician and authorize such by signing this form. In case of emergency, I authorize the camp medical physician or staff to obtain necessary medical care.

Signed: _____ Date: _____
 (Parent or Guardian)

Relationship to Camper: _____

Note: Does your child have a Certified Diabetes Alert Dog that he/she would like to bring to camp? If so, you must also fill out and agree to the stipulations of the "Diabetes Alert Dog Application" which is included on our web site, or may be obtained by contacting Lion Bob Trueax, Lion Greg Miller or Lion Don Ruble as listed on the cover letter with this application.

Medical Provider (Doctor/Mid Level Practitioner) Form

(page 1 of 2)

Please Note: We *must* receive this completed form, *signed* by the primary medical provider, with the application.

<p>Camper's name: _____</p> <p>Age: _____ Age at onset of Diabetes: _____</p> <p>Most recent A1C Value: _____ Date: _____</p>

INSULIN TYPES AND DOSING PLAN

Check if on:

- Injections, or
- Pump

If injections:

1. Which basal insulin (long acting)? _____
What dose? _____ What time of day? _____
2. Which short/rapid acting insulin? _____
Dosing plan:
 - a. Carbohydrate coverage: Yes ___ No ___
If yes, what coverage? : One unit of insulin for _____ grams carbohydrate
 - b. Blood sugar correction:
 - One unit of insulin for every _____ mg/dl of glucose,
Correcting down to a blood glucose level of _____
 - OR**
 - "Sliding Scale"
If so, please include the sliding scale on a separate sheet of paper.

If on a pump:

1. Which pump? _____
2. Basal rate/rates:
 - _____
 - _____
 - _____
3. Bolusing:
 - a. Carbohydrate ratio: _____
 - b. Insulin sensitivity (glucose level correction): _____
 - c. Uses a "Wizard" or "Carb Smart" function on the pump:
Yes ___ No ___

Gives insulin her/himself? Yes ___ No ___

Draws up the insulin her/himself? Yes ___ No ___

Does the blood glucose testing her/himself? Yes ___ No ___

Medical Provider Form Continued

(page 2 of 2)

Camper's name: _____

Height: _____ Weight: _____ BP: _____

Allergies (medications, bees/wasps, food, etc.)? _____

Medical History:

	Yes	No	Comments
Hypothyroidism			
Celiac Disease			
Seizure Disorder			
Attention Deficit Disorder			
Asthma			

Other Medical Conditions: _____

Medications other than Insulin _____

Recent Hospitalizations? _____

Vaccinations:

Date of last tetanus vaccination: _____

Date of last MMR: _____

Has she/he had chicken pox disease? _____ Vaccination (Varicella)? _____

Any other information to share? _____

Any activities restrictions? _____

MEDICAL HEALTH CARE PROVIDER PERMISSION

I approve Camp McCumber activities for this camper:

Name of Physician/Health Care Provider (please print): _____

Signature: _____ Date: _____

Address: _____

Phone number: _____ Fax number: _____