



2018 GROUP FORMS AND AGREEMENTS

CAMPER DIABETIC POLICY

For Office Use Only

Group Name _____ Date _____

Each diabetic Camper must have this form completed, and returned along with the Camper form.

SCR Camps welcomes and accepts diabetic Campers when the following conditions are understood and agreed to by the Camper and the parent(s)/guardian(s). We recognize that there are limits to the type of care we can offer your Camper. The Camp Health Center is not an equipped emergency department and can only offer initial supportive care in the case of an emergency. It is our greatest desire that every Camper at SCR have a safe and happy Camp experience. It is with this in mind that we offer the following agreement for your consideration and signature.

Parent and Camper Responsibilities. Please initial each paragraph after reading the policy, then sign and date the following page.

___ The Camper's diabetes must be stabilized and under good control. The Camper must be able to recognize signs and symptoms of abnormally high or low blood sugar levels.

___ The Camper must be responsible to come to the Health Center at scheduled times for blood sugar checks and insulin injections. The Camper will supply all necessary equipment (i.e. accu-check/blood glucose machine for checking blood sugars, strips for the machine, lancets, etc.) and medication. A written and signed order from the physician must accompany all intravenous medication. We must have this order from the physician in order for the Camper to receive his/her medication at Camp. If the Camper is on sliding scale insulin we must have the parameters from the physician **in writing and signed**

___ The Camper must be a self-manager. The Camper will check blood sugar and give insulin under the supervision of the Camp RN. Having stated this, it is our strong recommendation that newly diagnosed diabetic children (within the last 9 months from the start of Camp) NOT attend Camp. Waiting another year will allow the Camper more time to adjust to the diabetes and the knowledge and skill necessary to be a self-manager.

___ The Camper must wear a waist-pack or "fanny pack" at all times which is stocked with an emergency sugar supplement and will be identified to all staff as a diabetic.

___ The Camper must be able to monitor and make adjustments in selections of foods from the normal menu at Camp to fit the diabetic needs for control of blood sugar. We do provide limited snacks for your child, but we are open to housing any you send along with him/her at the health center. We can send a copy of the kinds of foods that are provided at Camp for you to help your child plan ahead.

___ Any out-of-Camp trips must be cleared in advance with the Camp nurse, Camp director, and Camp health services director.

___ Reasonable control of the illness must be maintained while the child is a Camper. Should the Camper's condition become unstable, the Camp Director and Director of Health

Services will discuss with the parents the advisability of termination of the Camping experience. Parents must recognize that sending a child to Camp with a chronic illness such as diabetes entails certain risks for their child's health.

___ The Camper's medical regimen will be determined and updated by his/her physician. Any need for changes in the insulin dosages must be done by written or faxed orders from the primary care physician for the child. The Camp physician or nurse will not be responsible for varying the insulin dose. Please include on your Camper form the name and phone number of the physician who is monitoring your child's diabetes at home.

___ The emergency information form on the Camper form must be on record in the Camp health center prior to your child attending Camp. The parent and Camper agreement must be signed and on file prior to Camp attendance. Please complete this form and return it to your group leader to return with your child's form.

Group Name/ Leader _____

Parent/Guardian Signature _____ Camper's Signature _____ Date _____