

Florida Camp for Children and Youth with Diabetes (FCCYD)  
2018 Staff Child Application

Application for session (please check one):

Tallahassee Camp (Ages 7-11) \_\_\_\_\_  
Winona Session 1 (Ages 12-14) \_\_\_\_\_  
Fun Sports Camp (Ages 15-18) \_\_\_\_\_

Pee-Wee Camp (Ages 6-8) \_\_\_\_\_  
Winona Session 2 (Ages 9-12) \_\_\_\_\_  
Adventure 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 2018) \_\_\_\_\_ Type of Class: Gifted \_\_\_\_\_ Regular Ed. \_\_\_\_\_ Special Ed. (Specify) \_\_\_\_\_  
Camper's Height: \_\_\_\_\_ Camper's Weight: \_\_\_\_\_ T-shirt Size \_\_\_\_\_ (CM CL AS AM AL AXL AXXL)  
Has child previously attended a FCCYD summer camp or Weekend Program? Yes \_\_\_\_\_ No \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Name of Parent/Guardian # 1 at same address as the Camper \_\_\_\_\_  
Relationship to Camper \_\_\_\_\_ Legal authority for child? Yes \_\_\_\_\_ No \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail address (print clearly) \_\_\_\_\_  
Occupation \_\_\_\_\_ Company Name \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Name of Parent/Guardian # 2 at same address as the Camper \_\_\_\_\_  
Relationship to Camper \_\_\_\_\_ Legal authority for child? Yes \_\_\_\_\_ No \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail address (print clearly) \_\_\_\_\_  
Occupation \_\_\_\_\_ Company Name \_\_\_\_\_

**IF APPLICABLE, CONTACT INFORMATION FOR PARENT/GUARDIAN NOT LIVING WITH CAMPER:**

Name of Parent/Guardian \_\_\_\_\_  
Relationship to Camper \_\_\_\_\_ Legal authority for child? Yes \_\_\_\_\_ No \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail address (print clearly) \_\_\_\_\_  
Occupation \_\_\_\_\_ Company Name \_\_\_\_\_

**NAMES AND AGES OF SIBLINGS OR OTHERS LIVING IN THE SAME HOUSEHOLD AS THE CAMPER:**

\_\_\_\_\_  
\_\_\_\_\_

**In the event of an emergency, please supply the name of an additional person we can contact in case we are unable to reach the Primary Parent/Guardian(s). This individual should not live in the same household as the camper.**

Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_  
Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**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 select all medical personnel and order x-rays or any routine tests or treatment for the person listed above.
- b) 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.
- c) 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.

**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.
- 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, weapons, 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.

**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:**

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

➤ **Signature of parent or legal guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

➤ **Signature of Camper** \_\_\_\_\_ **Date** \_\_\_\_\_

*By entering our full names into the fields above, I attest to the accuracy of all information contained in this application and associated materials. I acknowledge that our typewritten names in the above fields constitutes our electronic signatures which is equivalent to our handwritten signatures.*

### CAMPER HEALTH HISTORY

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Session \_\_\_\_\_

Date of last physical examination \_\_\_\_\_ Physician's name \_\_\_\_\_

Other Medical Conditions (including Allergies) \_\_\_\_\_

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? \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

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

RX: \_\_\_\_\_ Dose: \_\_\_\_\_ Reason: \_\_\_\_\_

RX: \_\_\_\_\_ Dose: \_\_\_\_\_ Reason: \_\_\_\_\_

RX: \_\_\_\_\_ Dose: \_\_\_\_\_ Reason: \_\_\_\_\_

**If your child is on medication for ADHD during the school year, medication must be continued at camp**

Uses EpiPen for Allergic Reactions? (Y/N)? \_\_\_\_\_ If yes, please bring EpiPen 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*

#### IMMUNIZATIONS

VACCINES	YEAR OF BASIC IMMUNIZATION	YEAR OF LAST BOOSTER
DPT (Diphtheria, Pertussis/Whooping Cough, Tetanus) TD* (Tetanus, Diphtheria) or tetanus toxoid		
MMR (Measles, Mump, Rubella)		
Polio		
Hepatitis B		
Chicken Pox		

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.**

**This Page to be Completed and Signed by Parent/Guardian and Camper:**  
**MEDIA RELEASE FORM**



I give my permission for any pictures or video taken during Florida Diabetes Camp (FCCYD) programs which include my child to be published by FCCYD and/or the communications media in any way deemed appropriate by the Directors. Please sign below to indicate your acceptance of the following terms regarding the use by FCCYD of any photographs, videos, or audio recordings (“Works”) in which your child (the “Participant”) may be included.

You hereby consent to the photographing and video and audio recording, in any and all media now known or hereafter devised, by FCCYD or third parties acting on behalf of FCCYD, of your child’s voice, actions, likeness, name, appearance, and the identification of your child as an individual who has type 1 diabetes (collectively, “Likeness”). You hereby grant FCCYD a perpetual, non-exclusive, worldwide, royalty-free sublicensable right and license to use your child’s Likeness in any and all media now known or hereafter devised, and any promotion, publicity, marketing, or advertisement for FCCYD. You agree that FCCYD may use all or any part of your child’s likeness and may alter or modify it, regardless of whether or not recognizable.

You hereby release FCCYD and, officers, employees, authorized representatives, agents, and any designee (including any agency, client, broadcaster, periodical or other publication) from any and all claims arising from the use of your child’s Likeness, including any claims for defamation or invasion of privacy.

**Date (MM/DD/YYYY):** \_\_\_\_\_

**Camper’s Name (Print):** \_\_\_\_\_

**Parent/Guardian’s Name (Print):** \_\_\_\_\_

**Parent/Guardian’s Signature:** \_\_\_\_\_

*I acknowledge that my typewritten name in the signature field above constitutes my electronic signature which is equivalent to my legal handwritten signature*

## GENERAL PACKING SUGGESTIONS FOR 2018 CAMPS

(Packing list for your child's specific camp session will be sent prior to the start of camp)

### *Cell Phones And Other Devices That Allow Texting Or Internet Access Are Prohibited At Camp*

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.**

*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)

#### OTHER ITEMS:

- \_\_\_ Rain coat or poncho
- \_\_\_ Dirty laundry bag (marked with child's name)
- \_\_\_ Flashlight and batteries
- \_\_\_ Sunscreen (SPF 15 or higher)
- \_\_\_ Sun hat/ visor
- \_\_\_ Insect repellent lotion (no sprays/aerosol cans)
- \_\_\_ Disposable camera (**put camper's name on it**)
- \_\_\_ Light Sweatshirt

#### LINENS and TOILETRIES:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>___ 2 sets of sheets (single bed flat and fitted)</li> <li>___ Plastic sheet or mattress cover for bedwetters</li> <li>___ Pillow and 2 pillowcases</li> <li>___ Light Blanket/sleeping bag optional</li> <li>___ 4-6 towels/washcloths (extra towels are important)</li> </ul> | <ul style="list-style-type: none"> <li>___ Toothpaste and toothbrush</li> <li>___ Soap (liquid soap or body wash not bar soap)</li> <li>___ Comb/hair brush</li> <li>___ Shampoo (tear free for little ones)</li> <li>___ Sanitary Napkins or Tampons</li> </ul> |
|--|--|

**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 EpiPen, 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.**

Camp Session	Camp Dates
Pee-Wee (ages 6-8)	Sunday, June 17 to Friday, June 22
Tallahassee (ages 7-11)	Tuesday, June 26 to Saturday, June 30
Winona I (ages 12-14)	Sunday, July 15 to Sunday, Sunday, July 22
Winona II (ages 9-12)	Saturday, July 28 to Saturday, August 4
Fun Sports Camp (ages 15-18)	Sunday, June 10 to Friday June 15
Adventure Camp (ages 15-18)	Saturday, June 16 to Thursday, June 21