

REGISTRATION FORM- T1D Camper + Optional Friend

Tampa Area Bring A Friend

**April 11-12, 2020 at Rotary's Camp Florida in Brandon, Florida
Open to Campers Ages 5-12. Register Early - Space is limited!**

Camper's Name:	Gender:	Birth Date:	School Grade:
Street Address: City / State / Zip		Home Phone: State County:	
Parent/Guardian Name (Mom): Cell Phone: Work Phone: Email Address: Does child live with you? Yes No		Parent/Guardian Name (Dad): Cell Phone: Work Phone: Email Address: Does child live with you? Yes No	

DIABETES INFORMATION

Endocrinologist Name: Contact Information:	Latest A1c: Date of Latest A1c:				
Date of Diagnosis:	Can you child tell when their blood sugar is low?				
Insulin(s):	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Insulin Pump? Yes No</td> <td style="width: 50%;">Continuous Glucose Monitor (CGM)?</td> </tr> <tr> <td>Brand?</td> <td>No Yes Brand?</td> </tr> </table>	Insulin Pump? Yes No	Continuous Glucose Monitor (CGM)?	Brand?	No Yes Brand?
Insulin Pump? Yes No	Continuous Glucose Monitor (CGM)?				
Brand?	No Yes Brand?				

OTHER MEDICAL INFORMATION

Please list any other medical problems:

Date and nature of any operations, hospitalizations or injuries:

Other non-diabetes medications:

Drug Name	Dose	Reason

Please list any allergies and their symptoms:
 Does the camper use an epi-pen? *(If yes, please bring it with you to camp)*
 Any food restrictions?

OPTIONAL FRIEND INFORMATION

Camper's Name:	Friend or Sibling with Diabetes:	Today's Date:
Street Address: City / State / Zip:		Home Phone:
Parent/Guardian Name(Mom) : Work phone: Cell phone: Email address:		Parent/Guardian Name (Dad): Work phone: Cell phone: Email address:

FRIEND'S MEDICAL INFORMATION

Medications (please bring any needed medications to the camp):

Drug Name	Dose	Reason

Please list any allergies and symptoms:
 Does the camper use an epi-pen? *(If yes, please bring it with you to camp)*
 Any Food Restrictions?

REGISTRATION AND PAYMENT \$65 PER CAMPER

Registration fee of \$65.00 per camper includes snacks on Friday, breakfast, lunch, diner, snacks on Saturday, and breakfast and snacks on Sunday, and lodging for Friday and Saturday night. Please email, mail or fax this form to Florida Diabetes Camps. **Check:** Payable to FCCYD, PO Box 14136, Gainesville, FL 32604

Name on Credit Card:	CC#	Exp. Date:	Total Amount: \$
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