

2016 Camper Application – Camp Sweet Escape

Full Legal Name: _____

Preferred Name: _____ Age: _____ Male: ___ Female: ___ Date of Birth: _____

T-shirt Size: _____ Grade Completed 2015-16 School Year: _____

Address: _____

Parent/Guardian Name: _____

Email Address: _____

Home Phone Number: _____ Cell Number: _____

Emergency Contact other than parent/guardian: _____

Emergency Number _____

Which camp are you applying for?

Camp Sweet Escape Midlands from June 4-8, 2016__

Camp Sweet Escape Upstate from July 16-20, 2016__

Requesting Financial Aid__

****Please submit copy of Immunization Record with application.****

(This can usually be obtained from your school nurse, pediatrician, or health department.)

Please tell us a little about your camper:

Age at diagnosis: _____

Ever been to an overnight camp before? Yes__ No__

Hobbies: _____

Any behavioral issues? _____

Can your camper swim? Yes__ No__

Any concerns about your camper's ability to participate fully in camp activities, including, but not limited to running, climbing, swimming? Yes__ No__

Daily Medications OTHER THAN INSULIN, including dose and frequency to be brought to camp:

Food Allergies: None or _____

Other Allergies: None or _____

Does camper carb count? Yes__ No__ Does camper give own injections? Yes__ No__

Diabetes regimen: Injections or Pump:

If pumper:

Insulin Doses: _____

Insulin Carb: _____

Target: _____

Correction: _____

For Pumpers:

Basal Rates: _____

Pediatrician: _____
Pediatric Endocrinologist: _____

Office Phone: _____
Office Phone: _____

Most recent HgbA1c: _____% Date: _____

Health History: (To be completed by parent/guardian.)

- | | | |
|--|-----|----|
| 1. Any chronic or recurring illness other than diabetes? | Yes | No |
| 2. Ever had surgery? | Yes | No |
| 3. Ever had a head injury? | Yes | No |
| 4. Wear glasses or contacts? | Yes | No |
| 5. Have seizures or epilepsy? | Yes | No |
| 6. Psychiatric disorders? | Yes | No |
| 7. Psychiatric hospitalizations? (Please list dates.) | Yes | No |
| 8. Sleepwalk? | Yes | No |
| 9. Asthma? | Yes | No |
| 10. Medical appliance being brought to camp? | Yes | No |
| 11. Diagnosed with heart problem or murmur? | Yes | No |
| 12. Recent injury, illness or infectious disease? | Yes | No |
| 13. Diagnosed back or joint disorders? | Yes | No |
| 14. History of bedwetting? | Yes | No |

Please explain any questions with a "yes" answer, noting the number of the question.
