



-2009-

Dear Campers and Parents,

Welcome to Camp Lo-Be-Gon 2009! We will be utilizing the East side of Camp Loughridge again this year.

Please plan on attending our family cookout and swim on Monday, June 29th at 4:30pm. Please see the enclosed RSVP form to let us know how many family members will be attending.

Location: Camp Loughridge, 4900 W. 71st Street, Tulsa, OK

Date: Monday, June 29th through Thursday, July 2nd

Time: 8:30 a.m. until 4:30 p.m. Monday - Thursday

Enclosed are several forms to be filled out to complete your child's registration. Please return all forms by May 31, 2009 along with the camper fees of \$50 per child. (Scholarships are available for families who need assistance with this fee.)

Please send completed forms to: Camp Lo-Be-Gon Registration
C/o Paula Ramsey
9036 E. 76th St.
Tulsa, OK 74133

Thank you for sharing your child with us.

Danielle Vincent
Director

Paula Ramsey
Director

David Jelley, M.D.
Medical Director

Campers Drop-off and Check-in

Registration and daily drop-off will be at the Camp Loughridge Lodge. Follow the entrance sign that will take you to the Lodge. The gate at the back of the Camp property will be locked and unavailable for access to the Camp. Park in the Lodge parking lot and walk your child in.

Parents must check their child in at the registration table. Please allow for a 10-15 minute delay on the first day. Please observe the requirement that each child must be delivered to the appropriate counselor and that the child must be picked up each day by an adult.

Information needed each morning:

Suppertime blood glucose	Last night's blood glucose
Morning blood glucose	Any problems associated with low blood glucose

Each child should have their insulin injection and breakfast before coming to camp each day.

Pumpers: Please bring an extra infusion set, tubing and cartridge and battery in a labeled Ziploc bag that will be left at camp. These supplies may be picked up at the end of camp.

Things to bring to Camp:

- Morning snack and sack lunch (please pack something your child likes to eat!!) Label which items are snack and which items are lunch. Please make sure the carbohydrate information is included with each.
- No lunch needed on Thursday. Pizza will be provided.
- Swimsuit and towel
- Sunscreen—apply before camp, some to be re-applied after swimming
- Bug repellent—apply before camp
- Each child must wear socks and closed-toe shoes
- Label all towels and backpacks. We will make every effort to help your child keep up with their things but we will not be held responsible. There will be a “lost and found” in the Lodge. Nothing will be saved once camp has ended. See the Director for assistance.

If you bring more than one camper, please pack each child's morning snack, lunch and swimsuit separate from the other child's. This will be very helpful to the counselors.

Camp Lo-Be-Gon will provide: Afternoon snack and all diabetic supplies (excluding pump supplies). The afternoon snack provided by camp will be an ice cream bar. If your child is allergic to ice cream or chocolate, please send a snack for the afternoon. **Please leave *all* personal glucose monitoring supplies at home.**

Do not bring to Camp:

Cell phones, video games, I Pods or MP3 players, nice clothes, gum or candy, skate boards or bicycles, Heelys Shoes.

****** Please Note: Camp is not over until 4:30pm each day, at that time campers may be released to parent/guardian. Ending ceremonies and announcements are part of your camper's experience.**

Camp Lo-Be-Gon

Dear Parent(s) / Guardian(s):

RE: MEDICAL POLICIES – CAMP LO-BE-GON 2009

Welcome to Camp Lo-Be-Gon 2009! The following is a brief outline of the medical policies that will be practiced at Camp Lo-Be-Gon 2009. Please read them carefully before you complete and send in your application.

Children with both type 1 and type 2 diabetes (and siblings of camp age, as space permits) are welcome to attend Camp Lo-Be-Gon.

All children with diabetes will be required to perform blood glucose monitoring three times per day (before lunch, before swimming, and before leaving camp each day) under the supervision of their counselors. Extra blood tests may be needed at other times. Please **DO NOT** send glucose meters or lancing devices to camp.

Insulin, syringes or insulin pens will be furnished by Camp Lo-Be-Gon.

Insulin pumps may be used. The camp however is not responsible for loss or damage to the pump. If your child is not able to independently operate his/her pump and maintain his/her infusion site, please discuss this with one of the nurses at check-in. There will be nurses available throughout the camp session that are familiar with pump therapy and will be able to assist your child with all pump functions. **Please bring an extra infusion set, cartridge, dressing (i.e. IV 3000) and battery to camp in a zip lock baggie with your child's name clearly marked on the outside.** Pumps will be removed for swimming and placed in a zip lock baggie with your child's name on the outside.

As you are aware, the three major influences on blood sugar are food, insulin, and activity (exercise). Exercise makes a given amount of insulin more effective. Therefore, the greater the exercise, the less insulin is required. At camp, children are often far more active than at home and this activity is sustained throughout the day. As a result, insulin reactions (low blood sugar) can occur. This may necessitate changes to your child's normal insulin doses or basal rate. **The camp nurses will suggest changes in writing to your child's normal insulin regimen based on your child's blood sugar readings and symptoms of insulin reactions as needed. Be sure to review the slip given to your child at the end of the day. Please return to pre-camp insulin dosages when camp is over.**

Sincerely,

David Jelley, MD
Camp Medical Director

Camp Lo-Be-Gon Registration Form 2009

Camper's Name _____ Sex: M ____ F ____
Date of birth _____ Age _____ Last grade completed _____

I *have* diabetes I do *not* have diabetes

Type of Treatment: Insulin Pump (brand) _____ Shots _____

Parent's Name _____

Daytime Phone (_____) _____ Home Phone (_____) _____

Email (*used for camp reminders*) _____ Cell Phone (_____) _____

Address _____

City _____ St _____ Zip _____

Physician's Name (list doctor treating diabetes) _____ Phone (_____) _____

Please check camper's T-Shirt size:

- | | |
|---|---|
| <input type="checkbox"/> Child Small (6-8) | <input type="checkbox"/> Adult Medium |
| <input type="checkbox"/> Child Medium (10-12) | <input type="checkbox"/> Adult Large |
| <input type="checkbox"/> Child Large (14-16) | <input type="checkbox"/> Adult X Large |
| <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult XX Large |

Public Information

I, _____, hereby authorize and/or ratify the taking of photographs, motion pictures or video tapes of _____ for Camp Lo-Be-Gon, or its authorized agent(s), subject to the below listed conditions:

1. That said photographs, motion pictures or videotapes may be used for the purpose of Camp Lo-Be-Gon promotion in publication or release to the media.
2. That all photographs, motion pictures or videotapes need not be shown to the undersigned prior to their publication and/or viewing.
3. That all prints and negatives of any type shall be the sole property of Camp Lo-Be-Gon, or its authorized agent(s).

Release of Liability

This consent is expressly intended to release from all liability of any nature the operating physician, attending physician, consultants of any nature, Camp Lo-Be-Gon, as well as the camp director(s), co-director and camp volunteers with regard to the taking, publishing or viewing of the photographs, motion pictures or videotapes.

Signature: _____

Person authorized to sign for child

Order Camp Picture DVD

- \$12 with registration
 \$15 at camp

Deadline for registration is May 31, 2009.

Camper fees are \$50 per child. Scholarships are available for families who need assistance with this fee.

Camp Lo-Be-Gon Camper (with diabetes) Medical Information

THIS FORM MUST BE COMPLETED AND SIGNED BY CAMPER'S PARENT(S) OR GUARDIAN(S)

Camper's Name (Last) (First) (M.I.)

Date of Birth Sex Date of Diagnosis

Weight Height Most recent Hemoglobin A1c Date: Value:

Most recent check-up date:

INSULIN/MEAL PLAN

INSULIN BRAND/TYPE (Ex: Humulin NPH, Novolin NPH, Lantus, NovoLog, Humalog, Levemir, etc.)	INSULIN DELIVERY MODE (i.e. insulin pump, insulin pen , syringes)	AM DOSE	NOON DOSE	PM DOSE	BEDTIME DOSE	MODIFIER IF ON MDI PROGRAM OR PUMP (i.e. 1 unit for 40 above 120 mg/dl)

*Please indicate Humalog with "H", NovoLog with "A", NPH with "N", Lantus with "G" and Levemir with "Lev" above (i.e. 6H/12N or 14G)

MEAL PLAN

For a fixed meal plan list grams of carbohydrate or for MDI or pump list insulin to carb ratio.

*****Parents: Please label snacks and lunch with carbohydrate grams if on MDI or pump**

AM snack	Lunch	PM snack

PLEASE FILL OUT THIS SECTION ONLY IF YOUR CHILD IS USING AN INSULIN PUMP. CAMPERS USING AN INSULIN PUMP NEED TO BRING AN EXTRA INFUSION SET, TUBING, AND CARTRIDGE TO CAMP.

Pump Manufacturer: Model:

BASAL RATE

PLEASE ENTER YOUR RATE FOR EACH HOUR OF THE DAY BELOW

Midnight	8:00 am	16:00 pm
1:00 am	9:00 am	17:00 pm
2:00 am	10:00 am	18:00 pm
3:00 am	11:00 am	19:00 pm
4:00 am	Noon	20:00 pm
5:00 am	13:00 pm	21:00 pm
6:00 am	14:00 pm	22:00 pm
7:00 am	15:00 pm	23:00 pm

May we have permission to alter this child's diet and insulin if camp activity necessitates? Yes No

May we have permission to administer acetaminophen (ie Tylenol) or ibuprofen, Imodium, Zofran or Phenergan, Children's Pepto, and throat lozenges as needed and at discretion of camp nurse? Yes No

May this child participate in:

Strenuous activities? Yes No

Swimming, diving? Yes No

Any limitations? Yes No

Yes No

Yes No

Yes No

If yes, what? _____

HEALTH HISTORY

Does this child currently have or has he/she had these conditions or illnesses in the past? (Check all that apply)

Current	Past	Condition	Current	Article ast	Condition	Current	Past	Condition
		Seizures			Fainting			Hay Fever/Allergies
		Heart problems			Hives			Stomach problems
		Asthma			Ulcer			Other:

Does this child have any chronic or recurrent illness (other than diabetes)? Yes No If yes, what? _____

Does this child have any emotional problems? Yes No Explain: _____

Does this child have any learning difficulties? Yes No Explain: _____

MEDICATIONS (other than insulin) Prescriptions or over the counter medications must be brought in their original container or will not be accepted.

NAME	DOSAGE	FREQUENCY	DURATION

If on an inhaler for asthma, does your child require supervision to administer medication: __ YES __ NO

ALLERGIES (include all drugs, foods, insects, etc.):

IMMUNIZATION RECORD:

Tetanus (must be within 10 years) Date _____

Additional comments: _____

Name of primary care physician (**not diabetes doctor**):

Office phone number:

Name of diabetes doctor:

Office phone number:

My child is healthy enough to participate in camp.

Parent or Legal Guardian signature

Date

Camp Lo-Be-Gon Camper General Information

THIS FORM MUST BE SIGNED BY CAMPER'S PARENT(S) OR GUARDIAN(S)

Camper Name: _____

Nickname: _____

Street address _____

City _____

State _____

Zip _____

Home phone: _____

Birthdate: _____

CONTACT INFORMATION

Father's name:	Mother's name:	Guardian's name:
Father's place of work:	Mother's place of work:	Guardian's place of work:
Father's cell phone:	Mother's cell phone:	Guardian's cell phone:
Father's work phone:	Mother's work phone:	Guardian's work phone:

IN CASE OF EMERGENCY (IF PARENT IS NOT AVAILABLE), PLEASE NOTIFY:

Name: _____ Home phone: _____ Work phone: _____

FAMILY HEALTH INSURANCE INFORMATION

Company: _____

Phone Number: _____

Group #: _____

Policy #: _____

Name of policy holder: _____

SS #: _____

Other pertinent information regarding coverage: _____

PARENT'S AUTHORIZATION AND AGREEMENT

The information given on the camper's medical and general information forms is correct so far as I know and the person herein described has permission to engage in all prescribed camp activities except as noted by me.

I understand that all reasonable measures will be taken to safeguard the health and safety of my child and I will be notified as soon as possible in case of any emergency. However, in the event of sickness or accident, I will not hold the leaders of Camp Lo-Be-Gon or its sponsors responsible.

In the event that I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia, blood and blood products for my child as named below. Also, in the event of an EMERGENCY, I hereby give my permission for my child to be transported to the hospital by EMSA.

I understand that my child will be given the opportunity (age appropriate) to simulate an insulin injection using saline (self inject), insert a pump site and perform self monitoring of blood glucose as part of diabetes education.

Signed: _____ Date: _____

Parents or Legal Guardians (**Both parents must sign**)

Camp Lo-Be-Gon Camper Code of Conduct

THIS FORM MUST BE SIGNED BY CAMPER AND CAMPER'S PARENT(S) OR GUARDIAN(S)

I, _____, agree, as a Camp Lo-Be-Gon camper to conduct myself in an appropriate manner to be determined by the camp director. I understand that if my behavior is inappropriate I will be disciplined in the following manner:

- 1st offense: Verbal warning
- 2nd offense: "Time-out" in lodge
- 3rd offense: Conversation with parents
- 4th offense: You will be asked to leave camp

I understand that all clothing must be appropriate for camping. Any extras (water guns, diabetes supplies, etc.) will need to be approved by the camp director before being brought to camp. I understand that cell phones cannot be carried by campers.

Any inappropriate behavior may result in my being asked to leave camp.

Camper

Parent/Legal Guardian

Alternative Pick-up person

PLEASE COMPLETE THIS INFORMATION IF YOUR CHILD WILL BE PICKED UP FROM CAMP BY SOMEONE OTHER THAN YOU. **A PICTURE ID WILL BE REQUIRED FOR PICK-UP.**

Please print clearly.

Child's name: _____

1. _____ cell # _____ home # _____

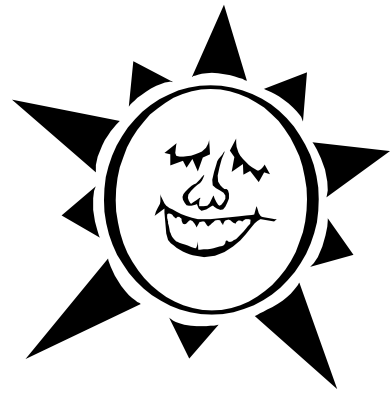
2. _____ cell # _____ home # _____

3. _____ cell # _____ home # _____

Parent's signature: _____

Camp Lo-Be-Gon Family Night

BBQ & Swim



Date: Monday, June 29, 2009

Time:	4:30 to 6:00	Vendor Fair
	5:00 to 6:00	BBQ Dinner
	5:30 to 7:30	Swimming, Popcorn, Sugar-free sno-kones and clowns

----- Please detach and return with all camp paperwork. -----

RSVP for Camp Lo-Be-Gon BBQ

Camper Name: _____

Number attending (including camper): _____

Camp Lo-Be-Gon

Pre-Camp Record of Insulin and Blood Glucose Tests

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

This form is to be completed by the parent for 1 week before the beginning of camp.

Please bring this form with your child on the first day of camp.

The medical staff will meet with each camper and review this record when your child arrives at camp.

Thank-you!

	<input type="checkbox"/> Insulin injections				<input type="checkbox"/> Insulin Pump User			
Insulin to carb ratio: u: _____ g	Blood Glucose Results				Insulin/Bolus Dose & Time			
	B	L	S	Bed	AM	Noon	PM	Bed
June 22nd								
Comments								
June 23rd								
Comments								
June 24th								
Comments								
June 25th								
Comments								
June 26th								
Comments								
June 27th								
Comments								
June 28th								
Comments								
Camp starts today!!!!								
Comments								

Reminder Checklist:

- Camper Registration
- Camper Medical Information
- Camper General Information
- Camper Code of Conduct
- Family Night BBQ and Swim RSVP (one per family)
- Camper Fee - \$50.00 per child payable to Camp Lo-Be-Gon

Please mail completed forms to:

Camp Lo-Be-Gon
c/o Paula Ramsey
9036 E. 76th St.
Tulsa, OK 74133

