



Camp McCumber
Camp for Children with Diabetes
Sponsored by
Lions District 4-C1 Health Foundation

**Hello from Camp McCumber Family Camp
For Families with Children who have diabetes,
and are seven years of age or younger. *New this
year we will also allow eight through ten years of age if
they were diagnosed with diabetes since June 1, 2011.***

June 15 – June 17, 2012

Dear Camper and Family,

We are delighted that you are interested in coming to Camp McCumber Family Camp this spring, June 15 through 17, 2012! Camp is a lot of fun every year and this year is also going to be a great time with new activities and games. You are receiving a Camp McCumber Camper Application in this package. Siblings (Brothers and Sisters) who do not have diabetes and are age 12 and younger are welcome to attend camp with the family. The fee for attending camp is \$100* per person, age six and older. There is no charge for children age five and younger. This reflects only a portion of the costs of running camp and the many expenses we incur. Lions' Clubs have kept the cost at this level to provide the opportunity for as many campers as possible to attend. Follow these easy steps to complete the application process.

*\$150 if you do not live within the boundaries of Lions District 4-C1 which includes the counties of Butte, Colusa, Glenn, Lassen, Modoc, Plumas, Shasta, Siskiyou, Sutter, Tehama, Trinity and Yuba. Should you live outside one of these California Counties, and need financial assistance to pay the \$150 per person, we can supply you with the names of Lions Clubs in your area which may be able to offer assistance. For a list of those clubs, contact Lion Bob Trueax, rtrueax@wcisp.com, (e-mail preferred) or 530-846-4855.

1. Fill out the Camper Application by going through each page and providing the information needed. Be sure to sign everywhere that is requested. Please remember that we require a parent/guardian to fill out the appropriate medical information forms.

Complete the application and mail by May 31, 2012 to:

Lion Don Ruble
Lions Health Foundation
3303 Hammonton Rd.
Marysville, CA 95901

2. After we accept your application we will send you a "Welcome to Camp!" letter with more information about what you will need to bring to camp and other helpful details. Read this information and prepare for camp! This letter should arrive about two weeks prior to camp.
3. Double check that you've got everything before you leave for camp, and then arrive at camp at check in time of 12:00 noon on Friday, June 15th.

(Continued next page)

If you have any questions after reading the information about camp please feel free to contact me. I am happy to provide any additional information. From all of us at camp – we look forward to seeing you and your child at camp this summer!

Sincerely,

Don Ruble
Lions Health Foundation
Ph: 530-742-1759
Email: donruble@yahoo.com

or

Robert L. (Bob) Trueax
Camp Administrator
Ph: 530-846-4855
Email: rtrueax@wcisp.com

CAMPER & PARENT/GUARDIAN GENERAL INFORMATION FORM

Camper Information

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

Mailing Address: _____

(Street)

(Apt.)

(City)

(State)

(Zip)

Phone: (____) _____

Sex: M ___ F ___

E-mail: _____ Shirt Size S M L S M L

(youth) (circle one) (adult)

Birth date: ____/____/____

Age: _____

Grade next fall? _____ School: _____

Attended Camp before? Y ___ N ___ Year(s)? _____

PARENTS/GUARDIANS INFORMATION:

Mother/Guardian/Step Parent's Name: _____

Address: _____

Home phone: (____) _____ Work phone: (____) _____

Father/Guardian/Step Parent's Name: _____

Address: _____

Home phone: (____) _____ Work phone: (____) _____

Camper lives with: Mother ___ Father ___ Guardian ___ Step Parent ___ Other

(specify) _____

Who has full legal custody? _____

Names & ages of Siblings attending camp with Family (Please circle name if child also has diabetes)

EMERGENCY CONTACT NAMES

IN CASE OF EMERGENCY, the following person (relative or close friend) should be contacted. This person must have a telephone.. *They should reside at a different house than the campers.*

Name _____
Relationship _____
Address _____
City, State, Zip _____
Phone: Day _____ Evening _____

PUBLICITY RELEASE

Camper (name in full) _____
plans to attend camp for diabetic youth at Camp McCumber June 15 – 17, 2012.
Attendance at camp is considered a publicity release and gives the Lions' Health Foundation the right to use pictures, quotes, etc. in marketing literature and for other Health Foundation purposes.

Signed: _____ Date: _____
Parent(s) or Guardian(s)

AGREEMENT TO CAMP RULES

Note: Where term "Camper" is used for Family Camp, it applies to Parents or Guardians as well as the child.

This form must be signed and returned with the application before registration can be completed.

The goal of the Lions and Lioness Clubs of District 4-C1 is to provide a very valuable experience to young persons with diabetes, at Camp McCumber. The program is based on a strong commitment to a valuable, fun learning experience at camp. **PLEASE** read the following rules carefully and sign below. Your signatures below indicate you (parent(s)/guardian(s) have read the rules, understand them, and agree to observe them.

RULES FOR PERSONAL CONDUCT AT CAMP:

These rules apply to Parent(s)/Guardian(s) as well as campers.

- Campers may not leave camp without the permission of the CAMP DIRECTOR.
- Campers will not destroy either camp or personal property and will be liable for damages.
- Campers will not intentionally physically or emotionally injure another person. This includes improper language (swearing, threatening), fighting and other incidents.
- Campers will not engage in any type of sexual or inappropriate contact.
- Campers will not SMOKE or possess any tobacco or smoking materials.
- Campers will not use or possess ALCOHOL or DRUGS. Prescribed medication must be registered with camp doctor.
- Campers are not allowed to have or use cell phones, stereos, i-pads and other electronic devices. Cell phones are OK for parents.
- Campers who are in the PROXIMITY of someone who is breaking one of the above rules may also be dismissed from camp.
- Camper's DIABETES TESTING EQUIPMENT must be used properly and disposed of immediately in the designated area.

NOTE: THERE ARE NO EXCEPTIONS TO THE ABOVE RULES, ANY CAMPER WHO DOES NOT FOLLOW THESE RULES: 1) WILL BE PROMPTLY DISMISSED FROM CAMP: 2) CAMP FEES WILL NOT BE REFUNDED: 3) RISKS LOSING THE PRIVILEGE OF RETURNING TO CAMP IN THE FUTURE.

(Continued next page)

PARENT OR GUARDIAN – PLEASE NOTE AND SIGN: As a parent or guardian, you are expected to help enforce the rules set by the camp committee

I have read and understand the rules and will help enforce them. I agree to remove our family from camp early if we break this contract.

Parent/Guardian Signature: _____ Date: _____

FINANCIAL INFORMATION

The Lions Health Foundation of 4-C1, a non-profit service organization whose purpose is to provide an educational camping experience to help youth with diabetes, sponsors Camp McCumber for children with diabetes. The cost of three days at camp is \$100* per person, age six and older. There is no charge for children five and younger. Camper fees are applied to the expenses associated with the camp facility, medical supplies, food, kitchen staff, and educational and recreational activities. Please make checks payable to: **Lions Health Foundation, District 4-C1** and indicate on the check that it is for the “Diabetic Family Camp.”

*See cover letter for explanation.

GENERAL PAYMENT INFORMATION

We are asking for a \$50.00 deposit to accompany this application and the remaining fees when you arrive at camp. Your deposit will be returned if you cannot attend camp (and we are notified in writing by May 31, 2012), or in the unlikely event that Camp is cancelled.

_____ I am enclosing \$_____ check # _____ (Min. \$50.00) deposit and will pay the \$_____ balance (Total \$100* per person) when we arrive at camp.

Signature of Parent(s) or Guardian(s)

Date

If you cannot afford the full cost of attending camp, fill out the section below and we will find camperships.

CAMPERSHIP PAYMENT INFORMATION

The Lions’ Health Foundation of District 4-C1 is dedicated to the philosophy that no child is denied access to our camp because of financial reasons. When parents are able to pay, however, it releases money for a child who would not be able to go otherwise. Fill out the information below if you are requesting a campership.

I can contribute \$_____ towards the cost of our going to camp. I have included \$_____ check # _____ (deposit) and will pay \$_____ (balance) when we arrive at camp. I am requesting a Campership for the remaining amount \$_____.

Signature of Parent(s) or Guardian(s)

Date

Medical Information Form (page 1 of 2)

Please Note: We **must** receive this completed form, with the application. (Please fill out as completely as possible)

<p>Camper's name: _____</p> <p>Age: _____ Age at onset of Diabetes: _____</p> <p>Most recent A1C Value: _____ Date: _____</p>

INSULIN TYPES AND DOSING PLAN

Check if on:

- Injections, or
- Pump

If injections:

1. Which basal insulin (long acting)? _____
What dose? _____ What time of day? _____

2. Which short/rapid acting insulin? _____
Dosing plan:
 - a. Carbohydrate coverage: Yes _____ No _____
If yes, what coverage? : One unit of insulin for _____ grams carbohydrate

 - b. Blood sugar correction:
 - One unit of insulin for every _____mg/dl of glucose,
Correcting down to a blood glucose level of _____

 - OR**
 - "Sliding Scale"
If so, please include the sliding scale on a separate sheet of paper.

If on a pump:

1. Which pump? _____
2. Basal rate/rates:

3. Bolusing:
 - a. Carbohydrate ratio: _____
 - b. Insulin sensitivity (glucose level correction): _____
 - c. Uses a "Wizard" or "Carb Smart" function on the pump:
Yes _____ No _____

Gives insulin her/himself? Yes _____ No _____

Draws up the insulin her/himself? Yes _____ No _____

Does the blood glucose testing her/himself? Yes _____ No _____

Medical Information Form Continued

(page 2 of 2)

Camper's name: _____

Height: _____ Weight: _____ BP: _____

Allergies (medications, bees/wasps, food, etc.)? _____

Medical History:

	Yes	No	Comments
Hypothyroidism			
Celiac Disease			
Seizure Disorder			
Attention Deficit Disorder			
Asthma			

Other Medical Conditions: _____

Medications other than Insulin _____

Recent Hospitalizations? _____

Vaccinations:

Date of last tetanus vaccination: _____

Date of last MMR: _____

Has she/he had chicken pox disease? _____ Vaccination (Varicella)? _____

Any other information to share? _____

Any activities restrictions? _____

Parent(s)/Guardian(s)

Are there any significant health concerns which you have that the doctor/nurses should be aware of? Yes _____ No _____

If so, please describe: _____

