

Camp Sweet Escape Camper Application 2022

July 3-9 (Sunday to Saturday), 2022 in Marietta, S.C.

Full Legal Name: _____ Preferred Name _____ Age: _____

Male _____ Female _____ Date of Birth: _____ T-shirt Size: _____

Address: _____ City: _____ State: _____ Zip: _____

Grade Completed Prior to Camp: _____

Parent/Guardian Name: _____ Email: _____

Home Phone Number: _____ Cell Number: _____

Emergency Contact (other than parent/guardian): _____

Emergency Phone Number: _____

Please tell us a little about your camper:

Age at diagnosis: _____ Ever been to overnight camp? Yes ___ No ___ Can your camper swim? Yes ___ No ___

Hobbies: _____

Any behavior issues? If so, please describe: _____

Any concerns about your camper's ability to participate fully in camp activities, including, but not limited to running, climbing, swimming? Yes ___ No ___

Is your camper a picky eater? If so, please list foods he/she WILL NOT eat. _____

Food allergies: _____ List and include reaction please: _____

Other allergies: _____ List and include reaction please: _____

Does camper have an epipen/inhaler? Yes ___ No ___ Please list: _____

EPIPENS, INHALERS, ADHD MEDICATION SHOULD BE BROUGHT TO CAMP.

Is camper diabetic: Yes ___ No ___ If not, who is camper here with? _____

Daily Medications OTHER THAN INSULIN, including DOSE, FREQUENCY, and TIME given:

Does camper carb count? Yes ___ No ___ Does camper use an insulin pump? Yes ___ No ___

Brand: Medtronic / Omnipod / Omnipod DASH / TSlim

Does camper give own injections? Yes ___ No ___

Diabetes regimen: Rapid acting insulin: *Admelog, Apidra, Fiasp, Humalog, Novolog*

Long acting insulin: *Basaglar, Lantus, Levemir, Tresiba*

Other insulin: _____

Insulin Dosing: Insulin to Carb Ratios: _____

Correction or Sensitivity: _____ Target: _____

(For Pumpers) Basal Rates: _____

Most Recent HgbA1c: _____% Date: _____

Pediatric Endocrinologist: _____ Phone: _____

Pediatrician: _____ Phone: _____

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 or concussion? | 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 with 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 on a separate sheet of paper.

*****PLEASE SUBMIT A COPY OF CAMPER'S IMMUNIZATION RECORD AND COPY OF HEALTH INSURANCE CARD WITH APPLICATION*****

Has this camper received a COVID-19 vaccine? Yes ___ No ___ If so, when? _____

(This can usually be obtained from your school nurse, pediatrician, or health department. No application is complete without the immunization record, behavior agreement, physical form completed from primary care or peds. endocrinologist, and liability form. No camper spot will be reserved without a completed application. Payment must be received by 1 week prior to camp start date please. Cost of camp is \$200 for diabetics and \$350 for non-diabetics. Make checks payable to SCYDA.)

Mail registration forms and payment to: SCYDA P.O. Box 85 Heath Springs, SC 29058

Camp Sweet Escape Behavioral Contract

As a camper at Camp Sweet Escape, you will be responsible to your counselor as well as other adult staff while at camp. We want this to be an exciting week full of growth and fun. We also want to keep everyone safe. To do that, we need your help and have a few guidelines that you need to understand.

As a camper, I promise:

- To abide by all Camp Sweet Escape rules.
- To cooperate and assist my fellow campers.
- To set a positive example for other campers.
- To NEVER be alone; to always be with a buddy while at camp. I will always ask a counselor before leaving the group.
- To be responsible for my belongings while at camp.
- To respect the environment, camp equipment, property, and other campers' belongings.
- To respect myself and others.
- To control my own behavior and use appropriate language. Obscene language and gestures, phrases that are demeaning or racial in nature, and inappropriate music will not be used.
- To not cause physical or emotional harm to other campers or staff. I will not engage in or threaten abuse of any kind including isolation.
- To not have alcohol, tobacco, illegal substances, or any paraphernalia at camp.
- To not have any sort of fireworks, firearms, pocket knives, or other weapons at camp.
- To obey my counselors, camp staff, and medical staff.

If you violate the behavioral guidelines, you will be sent home. No refund will be given. If at any time you feel that you have been mistreated at camp, speak to your counselor, medical staff, or the Camp Director.

BY SIGNING THIS AGREEMENT, YOU ARE STATING THAT YOU HAVE READ THE BEHAVIORAL AGREEMENT AND UNDERSTAND THESE RULES AND WILL ABIDE BY THESE WHILE AT CAMP.

Signature of Camper: _____

Signature of Parent/Guardian: _____

Date: _____