

# CAMP BETA APPLICATION

Send to:

**Touch of Nature**  
**SIUC Mailcode 6888**  
**Carbondale, IL 62901**  
**Phone: (618) 453-3950 Fax: (618) 453-1188**  
**e-mail: [tonec@siu.edu](mailto:tonec@siu.edu)**

[www.ton.siu.edu](http://www.ton.siu.edu)

For internet directions to camp:

**Touch of Nature - 1206 Touch of Nature Rd. - Makanda, IL 62958**

**1. Camper Name** \_\_\_\_\_

\_\_\_\_\_ Last First Middle Nickname  
Address \_\_\_\_\_

\_\_\_\_\_ Street City State Zip  
Date of Birth \_\_\_\_\_ Sex: M \_\_\_ F\_\_\_ T-shirt size: Adult \_\_\_ Youth\_\_\_ and S \_\_\_ M\_\_\_ L\_\_\_ XL\_\_\_

**2. 1<sup>st</sup> Parent/Guardian**

Name: \_\_\_\_\_ e-mail: \_\_\_\_\_ cell: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Street City State Zip

**3. 2<sup>nd</sup> Parent/Guardian**

Name: \_\_\_\_\_ e-mail: \_\_\_\_\_ cell: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Street City State Zip

**3. If parent/guardian not available in an emergency, notify:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

As a parent or guardian, what are your most immediate concerns about the camper's experience attending camp?

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Campers will be involved in many types of activities while at Camp. Please check possible activities:

Zip line  Arts/Crafts  Sports  Hayride  Hiking  Fishing  Horseback riding.

Any activities camper should not participate in? \_\_\_\_\_

# Diabetes Information Sheet

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_ Age at diagnosis: \_\_\_\_\_ Weight: \_\_\_\_\_

Has your child ever been in the hospital for diabetes-related reason? .....  YES  NO

If YES, please explain: \_\_\_\_\_

## Low Blood Sugar

Does your child recognize low blood sugar (hypoglycemia)?.....  YES  NO

If yes, what are his/her symptoms of a low blood sugar? \_\_\_\_\_

What signs of low blood sugar do you look for? \_\_\_\_\_

What number do you consider low? \_\_\_\_\_

How do you treat low blood sugar in your child? \_\_\_\_\_

Glucagon Kit expiration date: \_\_\_\_\_

Has your child ever had a severe low blood sugar (unresponsive, unconscious, or convulsions)?

YES  NO

If yes, how was it treated? \_\_\_\_\_

## Blood Sugar Monitoring

How often does your child monitor his/her blood sugar? \_\_\_\_\_

Does your child perform his/her own blood sugar monitoring? .....  YES  NO

Does your child use a CGM? .....  YES  NO

Test Strip expiration date: \_\_\_\_\_

## Insulin

What types of insulin does your child use?  Humalog  Reglular  Novdog  Lantus  Levemir

OTHER: \_\_\_\_\_

Does your child draw up his/her own insulin? .....  YES  NO

Does your child self-inject his/her own insulin? .....  YES  NO

Method of insulin administration:.....  Syringe/Vial  Insulin Pens  Insulin Pump

What sites does your child use for injections? \_\_\_\_\_

Is your child on an insulin pump?.....  YES  NO

If yes, what brand of pump? \_\_\_\_\_

Does your child know how to use the pump independently?.....  YES  NO

How often does your child change his/her infusion set? \_\_\_\_\_

Is the pump waterproof? .....  YES  NO

Does your child remove the pump to swim?.....  YES  NO Shower?.....  YES  NO

## Meal Planning

Does your child use an insulin to carb ratio? .....  YES  NO

What is your child's insulin to carb ratio? If more than one insulin to carb ratio, document times and ratios: \_\_\_\_\_

## Exercise

Are there any precautions that your child takes when exercising? .....  YES  NO

What Blood Glucose reading indicates extra carbs before exercise? \_\_\_\_\_

*Diabetes Information Sheet continued for:* \_\_\_\_\_

Provide a detailed description of your child’s insulin doses. We need to know how much and what kind of insulin to give at what times. Please use this form or something similar. When deciding on camp insulin doses, keep in mind that your child will be active for most of the day while at camp.

**Pre Breakfast Insulin** .....Long acting: \_\_\_\_\_ Units

Rapid Acting:

For BS of:	Give this many units:	Of this kind of insulin:

**Pre Lunch Insulin** .....Long acting: \_\_\_\_\_ Units

Rapid Acting:

For BS of:	Give this many units:	Of this kind of insulin:

**Pre Supper Insulin** .....Long acting: \_\_\_\_\_ Units

Rapid Acting:

For BS of:	Give this many units:	Of this kind of insulin:

**Bedtime Insulin** (specify time \_\_\_\_\_).....Long acting: \_\_\_\_\_ Units

Rapid Acting:

For BS of:	Give this many units:	Of this kind of insulin:

*Diabetes Information Sheet continued for:* \_\_\_\_\_

**Requirements for camp:**

- Glucagon Emergency Kit and order for amount of Glucagon for hypoglycemic crisis.
- Ketone Urine Testing strips

**\*If pump removal longer than 1 hour is acceptable, please send Physician Rx with parameters.\***

**Each camper must bring their own:**

- Insulin (vial, pens, pump)
- Blood sugar testing supplies
- Syringes, pen needles, infusion sets

**If insulin pumper, infusion set should be changed on Friday October 13<sup>th</sup> in the morning to allow confirmation of “good site”. An additional reservoir and infusion set must also be sent with their **blood glucose monitoring supplies.****

Please provide any addition information that you feel we should have before your child comes to camp. Thank you for your help. We look forward to a great camp session.

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_