



# CAMP INDEPENDENCE OF SAN ANTONIO 2017



Camp Independence will “let the sunshine in” as we celebrate **Summertime** during our 31<sup>st</sup> edition of camp.

Camp Independence of San Antonio will be held on the campus of St. Mary’s Hall School from **July 17, 2017 to July 21, 2017 beginning at 8:00 AM and concluding each day at 4:00 PM.** Children with diabetes over 4 years of age and siblings over 7 years of age are eligible to attend the camp. Teenagers who will enter the ninth through twelfth grades are eligible to serve as counselors-in-training.

Health professionals, educators, and parents of children with diabetes provide staff supervision throughout the camp program. Many of the camp staff have participated since its inception.

Activities at camp include water activities, physical education, arts and crafts, and diabetes related educational games. Special events will include guest speakers and environmental demonstrations.

An application fee of \$25 is required of all campers and CITs. The Camp tuition is \$85 for campers with Diabetes and \$100 for siblings. A limited number of tuition camperships are available for children with diabetes in need of financial help. We are unable to offer camperships for siblings without diabetes.

## WHAT IS CAMP INDEPENDENCE?

During the twentieth century, summer camps have become an American institution. Children with diabetes mellitus were often excluded from summer camps because of their special health requirements. Overnight camps specifically for children with diabetes were established, including several in the state of Texas. While these camps continue to provide the valuable experience to many children with diabetes, they are limited in the number of campers.

Camp Independence of San Antonio was established in 1987 to broaden the camping experience to children who were ineligible to attend overnight camps and to children whose parents were reluctant to send their children to residential camps.

Camp Independence provides a camping opportunity for children who have diabetes emphasizing that the children are able to participate in all camp activities and have fun. That the children also have diabetes is not an overriding issue, but rather an important added factor. To deal with this added factor, the camp will have a specially trained staff.

Specific goals of the camp include:

1. To provide an enjoyable camping experience for children with diabetes.
2. To provide a safe and healthy environment away from home.
3. To enable children with diabetes to meet and get to know one another
4. To help children, their brothers, sisters and parents learn more about their disease, how to adjust to it, and how to manage it.
5. To provide a respite for parents.
6. To help the children understand the elements of a medical program, which will approximate normal blood sugar levels, while avoiding severe hypoglycemia.
7. To help children achieve independence and self-discipline in their approach to life with diabetes.
8. To provide an opportunity for health professionals to acquire more knowledge about diabetes and practice their skills.
9. To provide a leadership opportunity for high school students with diabetes.

## HOW TO APPLY FOR CAMP INDEPENDENCE

Additional applications may be obtained by contacting the camp office at 830-981-8297, by e-mail at [mdannev@gvtc.com](mailto:mdannev@gvtc.com), by contacting your physician, or online at [www.ci-sa.org](http://www.ci-sa.org).

In order to secure your child’s reservation for Camp Independence, applications and registration fees must be received **by July 1, 2017.** The medical information may be forwarded separately, but must be received prior to July 7, 2017.

Due to the large number of anticipated campers, no applications will be accepted after July 7, 2017.

## Completed applications must be mailed to the camp office:

**Camp Independence of San Antonio  
8730 Avator Circle  
Fair Oaks Ranch, TX 78015**

Please do not give your completed applications to your physician, to your physician’s staff, to a member of the Board of Directors, or to a member of the staff of Camp Independence.

Each completed application for a camper, sibling, or CIT must have the application fee (\$25) enclosed. In addition, the tuition or a note requesting a campership application must be enclosed. Camper applications without the tuition or a request of tuition campership application will be returned without processing. Counselors-in-training are not required to pay the tuition fee.

**CIT ALERT:** Get your applications in early so we can send you details about a CIT event planned for May 21, 2017.

## CLOSING CEREMONY

On Friday, July 21 at 2:00 PM campers will celebrate their week at camp with a Closing Ceremony. Parents and friends of camp are invited to the ceremony. At 1:00 PM representatives of companies that provide services to children with diabetes will be available for discussions. Parents and friends are invited to join the campers in the afternoon snack following the closing ceremony.

## CAMP INDEPENDENCE OF SAN ANTONIO 2017 CAMPER APPLICATION

Submit a separate application for each camper. Please check one of the following:

____ Camper with diabetes (ages 4-14) APP FEE: \$25 TUITION \$85	____ Camper with diabetes APP FEE: \$25 ____ REQUEST CAMBERSHIP APPLICATION	____ Sib of child with diabetes (ages 7-14) APP FEE: \$25 TUITION \$100	____ CIT (grade 9-12) APP FEE: \$25 TUITION \$0
Total: <b>\$110</b>	Total: <b>\$25</b>	Total: <b>\$125</b>	Total: <b>\$25</b>

Instructions: Please type or print. Please check one of the application categories above. Submit the appropriate fee with the application as soon as possible. After July 1, 2017, you must submit a fee of \$150. No application will be accepted after July 7, 2017. Complete this application front and back. If you wish to apply for a campership please request the campership application to report your financial need. Applications will not be accepted without your \$25 application fee or your request for tuition campership. Your physician's report must be received by July 7, 2017.

**Camp Independence of San Antonio  
8730 Avator Circle  
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After July 1, applications will be considered on a space available basis with a fee of \$150.

Child's Name: \_\_\_\_\_

Male or Female

DOB (MM/DD/YY): \_\_\_\_\_

Age: \_\_\_\_\_ Next Grade: \_\_\_\_\_

Parent / Guardian Name(s): \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Onset Of Diabetes (Month/Year): \_\_\_\_\_

Age At Onset: \_\_\_\_\_

**CHECK EACH OF YOUR CHILD'S SKILLS:**

- TESTS BLOOD GLUCOSE
- RECORDS RESULTS
- RECOGNIZES HYPOglycemia
- TREATS HYPOglycemia
- CHECKS KETONES
- CAN DRAW UP INSULIN
- CAN GIVE OWN INSULIN
- ROTATES SITES
- ADJUSTS INSULIN DOSES
- FOLLOWS MEAL PLAN
- IS MOSTLY IN CHARGE OF DIABETES

**CHECK THE COLUMN THAT RATES YOUR CHILD'S:**

	Excellent	Good	Fair	Poor
Overall health				
Knowledge of DM				
Control of DM				
Diet planning				
Socialization				
Communication				
School Work				

\*\*\*\*\*

ATTACH PHOTO HERE  
(REQUIRED)

## YOUR CHILD'S DIABETES TREATMENT

### If your child receives insulin by injection:

**Lantus:** \_\_\_\_ units      Time: \_\_\_\_\_

**Levemir:** \_\_\_\_ units      Time: \_\_\_\_\_

**NPH:** \_\_\_\_ units      Time: \_\_\_\_\_

### Novolog/Humalog:

\*If your child has a Fixed Food/Bolus insulin dose:

Lunch dose: \_\_\_\_ units

\*If your child uses a carb ratio for food/bolus dose:

\_\_\_\_ unit(s) for every \_\_\_\_ grams of carbs

### \*Correction Dosing/Sliding Scale

Give \_\_\_\_ unit(s) for every \_\_\_\_ above \_\_\_\_ mg/dl

Blood glucose from \_\_\_\_ to \_\_\_\_ = \_\_\_\_ units

Blood glucose from \_\_\_\_ to \_\_\_\_ = \_\_\_\_ units

Blood glucose from \_\_\_\_ to \_\_\_\_ = \_\_\_\_ units

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Blood glucose from \_\_\_\_ to \_\_\_\_ = \_\_\_\_ units

Blood glucose from \_\_\_\_ to \_\_\_\_ = \_\_\_\_ units

### Complete the following if your child is using an insulin pump:

Pump brand: \_\_\_\_\_

How long on pump? \_\_\_\_\_

Type of catheter and length of tubing:  
\_\_\_\_\_

Brand of insulin: \_\_\_\_\_

Does your child operate their own pump?

Yes or No

Do you wish the staff to correct for hyperglycemia with snacks?      Yes or No

### Basal Rates:

Time	Units per hour
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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### Bolus Dosing:

Time	Target BG	Sensitivity	Carb Ratio
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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\*\* If your child is on a pump, you should provide a small kit to include at least three catheters, Q sets, reservoirs, insertion tools, tape, etc. We will have some equipment on hand but may not be what you or your child would like.

### Other Medications:

Medications (name and dose):	Time:
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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### ALLERGIES: (medication/food/insects)

\_\_\_\_\_

\_\_\_\_\_

Does your child require epi pen for allergic reactions?      Yes or No

### OTHER HEALTH PROBLEMS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dietary restrictions: (ex. gluten free, vegetarian)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of last tetanus booster: \_\_\_\_\_

It is required that each camper be covered by accident and health insurance during the camp session. It is the responsibility of parents to provide the required accident insurance for each camper:

### NAME OF INSURANCE CARRIER:

\_\_\_\_\_

**PARENT TO COMPLETE BY INITIALING AND SIGNING AT THE BOTTOM:**

\_\_\_\_ 1. I hereby give my consent for my child to attend and participate in all activities of Camp Independence. Photographs and video footage may be taken of my child for use in Camp Independence publicity, for use by the corporate sponsor, and for use by medical personnel in the teaching of other children with diabetes. Camp Independence is not responsible for personal items lost, misplaced, etc.

\_\_\_\_ 2. I hereby authorize:  
a. Physicians, nurses, hospitals and their authorized personnel associated with Camp Independence to perform all treatments and procedures deemed necessary;  
b. Release of medical/hospital records to Camp Independence from existing medical/medical records; and  
c. Release of medical/hospital records possessed by Camp Independence to physicians, nurses, hospitals and their authorized personnel in the performance of treatment and procedures as deemed necessary upon my child.

\_\_\_\_ 3. Because of the variability in activity during the daily sessions of Camp Independence, I understand that it may be necessary for the medical staff to adjust or alter my child's diet. I understand that Camp Independence personnel will notify me if a significant medical problem arises.

\_\_\_\_ 4. I hereby authorize the release of my child to the following individuals upon presentation of proper identification. (Texas Driver License will be considered the only form of proper identification unless otherwise specified)

**SIGNATURE OF PARENT OR LEGAL GUARDIAN:**

\_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

**Emergency Contact Name and Number:**

\_\_\_\_\_  
\_\_\_\_\_

**Camper T Shirt Size:** (Circle one)

Child S      Child M

Adult S      Adult M      Adult L

Adult X-large      Adult XX-large

\*\*\*\*\*

Please mail this completed form with your payment to:

**Camp Independence of San Antonio  
8730 Avator Circle  
Fair Oaks Ranch, TX 78015**

Applications must be received by July 1, 2017.

**CIT ALERT:** Get your applications in early so we can send you details about a CIT event planned for May 21, 2017.

**\*\* Remember, we supply all meters, strips, lancets, lancet devices and insulin at camp. Please do NOT bring your child's supplies with them to camp.**

**Any additional comments that may be important for our staff to know about your child:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CAMP INDEPENDENCE of SAN ANTONIO**  
**Camper Application 2017 – PHYSICIAN STATEMENT**

Camper Name: \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_

**\*\*\*\*\* Physician to Complete: \*\*\*\*\***

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ BP: \_\_\_\_\_

Seizures?: \_\_\_\_\_ Diabetes related?: \_\_\_\_\_

Last HgbA1c: \_\_\_\_\_ Date: \_\_\_\_\_

**Other Medications:**      Drug                      Dosage                      Schedule

\_\_\_\_\_

\_\_\_\_\_

**Other Health Conditions:** \_\_\_\_\_

\_\_\_\_\_

**If HgbA1c is greater than 8%, which areas of focus will help improve the level of blood sugar?**

- \_\_\_ Better compliance with prescribed insulin regimen.
- \_\_\_ Adjusting doses of insulin.
- \_\_\_ Better attention to diet/ carbohydrate counting.
- \_\_\_ More frequent blood glucose determination.
- \_\_\_ Better decision making (more insulin if high, less food if high, etc.)
- \_\_\_ Better motivation to the above

**Signature of Physician:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Please Mail form to Camp Independence/ 8730 Avator Circle/ Fair Oaks Ranch, TX 78015 by July 7<sup>th</sup>.**