



# Camp UPeninsulin

**Dear Parents/Guardians,**

Camp UPeninsulin is open to U.P. youth with type 1 diabetes between the ages of 9 and 15. Youth aged 16 and 17 are invited to apply to be junior counselors. The goals of the medical staff at Camp UPeninsulin are to help each child (1) have an enjoyable recreational experience in a safe and healthy setting away from home, and (2) increase his/her knowledge about diabetes management. The medical staff believes that good diabetes control is important and necessary for children with diabetes. However, diabetes management at camp poses some special challenges that we wish to tell you about before camp.

Predicting insulin requirements at camp is difficult because life at camp (e.g. meals and activity) is very different from life at home. The medical staff usually prescribes different insulin doses at camp than those used at home. Since we are reviewing the blood sugar level of every camper daily, we sometimes achieve better control than they achieve at home. However, it is possible that despite our best effort, blood sugar may not be as good as it is at home.

At camp each child is asked to take food portions consistent with his/her individual meal plan, which may be adjusted by the dietitian for increased need from increased activity. At times, the campers will be given snacks and food choices that may contain more sugar than what they are permitted at home. The choices offered are chosen by us based on their carbohydrate content. Children who do not wish to eat these foods will be offered other choices.

Since children mature at different rates, some children are not able or prepared to inject insulin, adjust pumps or check blood sugar independently. The medical staff will assist those children who appear ready to advance their skills, but no undue pressure will be applied.

You will meet with the medical staff when you bring your child to camp. This is an opportunity to discuss your concerns regarding your child's diabetes care. When you come to take your child home, the medical staff is again available to review your child's diabetes record. Please use these occasions to offer and obtain the necessary information regarding your child's diabetes management. You may also request your child's diabetes log be sent home to you after camp.

As we did last year, we are asking families to assist with the clean-up on Saturday at the end of camp. Please be sure to discuss this as a family, fill out the commitment form & based on that decision return the appropriate registration fee with your child's forms.

***Camp space is limited so please register early.***

Sincerely,

Medical Committee, Camp UPeninsulin  
January 2018

**Camp is made possible through private donations & the combined efforts of UP Health System-Marquette and the many diabetes educators, nurses, dietitians, and physicians who give of their time and expertise and of course, the dedicated support of the camp committee, under the leadership of Dr. Toby Carlson. Please thank them!**

**Camp UPeninsulin 2018  
Camper Application**

(To be completed by parents- **Must be returned by June 30, 2018**)

Mail to: UPDON/UPCAP 1025 Commerce Dr. Suite B, Marquette, MI 49855 or Fax to 906-228-6136

**Camper's Name** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **T-shirt Size:** Youth Adult (circle one)  
Small Med Large XL (circle one)

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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**Mother/Legal Guardian (full name)** \_\_\_\_\_

**Phone: Home** ( ) \_\_\_\_\_ **Work** ( ) \_\_\_\_\_ **Cell** ( ) \_\_\_\_\_

**Employer** \_\_\_\_\_

**Father/Legal Guardian (full name)** \_\_\_\_\_

**Phone: Home** ( ) \_\_\_\_\_ **Work** ( ) \_\_\_\_\_ **Cell** ( ) \_\_\_\_\_

**Employer** \_\_\_\_\_

**Email:** (mother) \_\_\_\_\_ (father) \_\_\_\_\_

**PLEASE CIRCLE THE BEST NUMBER TO REACH YOU WHILE YOUR CHILD IS AT CAMP  
OR PROVIDE US WITH AN ADDITIONAL CONTACT NUMBER**

**Health insurance company** \_\_\_\_\_

**Name of policy holder** \_\_\_\_\_

**All numbers shown on card** \_\_\_\_\_

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**Emergency contacts (other than parents/guardian)**

**Contact** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Home phone** ( ) \_\_\_\_\_ **Work/Cell phone** ( ) \_\_\_\_\_

**Contact** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Home phone** ( ) \_\_\_\_\_ **Work/Cell phone** ( ) \_\_\_\_\_

## MEDICAL INFORMATION/ HEALTH HISTORY 2018

When you bring your child to camp, you will meet with the medical staff to discuss insulin schedule/doses and other medical information, including any over the counter medications. In most cases, your child's insulin doses will be lowered due to higher activity levels.

Name of the child with diabetes \_\_\_\_\_

Pediatrician/Family Physician's Name \_\_\_\_\_

Pediatrician/Family Physician's Phone \_\_\_\_\_

Endocrinologist's Name \_\_\_\_\_

Endocrinologist's Phone \_\_\_\_\_

Child's Diabetes Educator: \_\_\_\_\_ Phone: \_\_\_\_\_

Date diagnosed with diabetes: \_\_\_\_\_

Medical history (please check all that apply):

\_\_\_\_\_ asthma      \_\_\_\_\_ depression      \_\_\_\_\_ hay fever      \_\_\_\_\_ kidney disease

\_\_\_\_\_ ADD/ADHD      \_\_\_\_\_ ear trouble      \_\_\_\_\_ heart trouble      \_\_\_\_\_ skin disorders

\_\_\_\_\_ bed wetting      \_\_\_\_\_ epilepsy      \_\_\_\_\_ high blood pressure

\_\_\_\_\_ sleep walking      \_\_\_\_\_ allergies (list \_\_\_\_\_)

\_\_\_\_\_ other (list \_\_\_\_\_)

Date and reason for last hospitalization

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## MEDICAL INFORMATION/ HEALTH HISTORY 2018

Please **list all medications (including insulin)** the child is taking **and dosages** of each. **Send medication in original container**. Please **bring a copy of your child's usual insulin dosing schedule** with you to registration.

Type of Insulin	Dosage	Time(s) Taken
Medication Name	Dosage	Time(s) Taken
<i><b>Pump Users Only: Please write in pump settings or copy of downloaded pump settings</b></i>		
<b>Basal Rates:</b>		
<b>Insulin:Carb Ratio:</b>		
<b>Sensitivity:</b>		
<b>Active Insulin Time:</b>		
<b>Target Range:</b>		

**Usual symptoms of hypoglycemia (Low Blood Sugar)** \_\_\_\_\_

\_\_\_\_\_

**Treatment of hypoglycemia** \_\_\_\_\_

\_\_\_\_\_

**Usual symptoms of hyperglycemia (High Blood Sugar)** \_\_\_\_\_

\_\_\_\_\_

**Treatment of hyperglycemia** \_\_\_\_\_

\_\_\_\_\_

**Behavioral/Psychological issues** \_\_\_\_\_

\_\_\_\_\_

**MEDICAL INFORMATION/ HEALTH HISTORY 2018**

***For females:***

**Has the camper ever had a period? Yes No**

**If no, has she been told about it? Yes No**

**If yes, does she have periods every month? Yes No (Explain\_\_\_\_\_)**

**Does she have any problems with periods? No Yes (explain\_\_\_\_\_)**

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**Are child's immunizations up to date? Yes No**

**Date of last Tetanus shot\_\_\_\_\_ (VERY IMPORTANT!)**

**Activities to be encouraged or limited at camp\_\_\_\_\_**

**Suggestions for camp medical personnel\_\_\_\_\_**

**Other medical information**

**\*\*\*PLEASE NOTIFY THE CAMP IF YOUR CHILD HAS ANY ILLNESS WITHIN 3  
WEEKS PRIOR TO CAMP\*\*\***

## General Rules and Guidelines for Camp UPeninsulin 2018

The following information is provided regarding the rules and regulations of Camp UPeninsulin 2018 to help campers, parents, and staff recognize what behaviors are not appropriate and how it will be handled. Our camp is designed to allow all campers and staff to have a good time. Following these rules will allow for a safe and fun camp.

1. Camp UPeninsulin staff is in charge of the campers' safety. Directions must be followed at all times.
2. All campers will give each other and the camp staff respect always. If a camper is having difficulties with another camper or staff person, always remember to talk about it. Feel free to discuss problems with the staff.
3. Physical and/or verbal abuse will not be tolerated by any camper or camp staff.
4. Care of personal belongings is the responsibility of the individual camper. For your protection please leave cell phones, electronics such as ipods, gameboys, cd players etc at home. We cannot be responsible for loss or damage to any personal items.
5. Campers WILL NOT be allowed to bring cigarettes, snuff or tobacco in any form to the camp. NO alcoholic beverages, drugs or narcotics will be allowed at Clear Lake Education Center. Should any be found on a camper, it is grounds for immediate removal from the camp.
6. Any prescribed or non-prescribed (over-the-counter) drugs that are taken are to be turned into the medical staff upon arrival.
7. Matches, candles, fireworks or other flammable materials are prohibited.
8. No firearms or ammunition can be brought to camp. Should any be found on a camper, it is grounds for immediate removal from the camp.
9. No knives or other weapons are allowed. Should any be found on a camper, it is grounds for immediate removal from the camp.
10. Campers are expected to dress in a manner suitable to the activity and are expected to maintain good taste in their dress at all times.
11. Serious violations of these rules or constant discipline problems may result in the removal of a camper from camp. Camp fees will not be refunded if a camper is removed due to behavior. **It will be the camper's parents or guardians responsibility to pick up any camper removed due to violation of camp rules.**

I understand these rules and promise to do my best to follow them.

\_\_\_\_\_  
Camper's signature

\_\_\_\_\_  
Date

I have read these rules with my child and understand that should for any reason, my child become a disciplinary problem at camp; **I am responsible for picking up my child at camp.**

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

## Agreement and Release of Liability

- I understand that pick-up from camp will be Saturday, August 4<sup>th</sup> between 9:00am and 11:00am Eastern Time (8:00am – 10:00am Central Time). If I need to make other arrangements I will call the camp to arrange this.
  
- I agree and accept responsibility for any hospital or medical charges in the event of illness or accidents, which cannot be treated by the camp medical staff.
  
- I consent to the administration of insulin and whatever other medical care may be deemed necessary while at camp. In case of MEDICAL EMERGENCY, I understand every effort will be made to contact parents or guardians of campers.
  
- I authorize Camp UPeninsula medical staff to consent to any laboratory or x-ray examination, anesthetic, medical or surgical treatment and hospital care to be rendered to my child under the supervision of a licensed physician.
  
- I hereby release Camp UPeninsula, the UP Diabetes Outreach Network and its staff and volunteers from the full and complete liability and claims of injury or damages resulting from participation in the summer camp program.
  
- I do hereby state that I am the parent/guardian having legal custody of \_\_\_\_\_ a minor, age \_\_\_\_\_.

Parent/Legal Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Please list anyone who is authorized to pick up your child(ren) from camp (including parents).**  
We will not release a camper to any person NOT listed below. A picture ID will need to be shown in order to release the camper to anyone listed below.

Name	Relationship to camper	How they can be reached
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

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

Birthdate: \_\_\_\_\_

## Diabetes Supplies 2018

**Form must be returned to UPDON by June 30, 2018**

**METERS, TEST STRIPS & LANCETS:** Camp UPeninsula **WILL** provide meters and test strips for campers to use during their stay.

Families should plan to bring all other medications, insulin and supplies that will be needed while at camp. This includes insulin pens and cartridges, if pens are not disposable, and all pump supplies. **All medications need to be in their original containers.**

**INSULIN:** please list every insulin product your child uses

Insulin Name	Pen or Vial	Syringe or Pen Needle Size

**INSULIN PUMPS:** If your child uses an insulin pump, please fill in the information below

Pump Brand	Infusion Set Type	Insulin Type

**All Pump users must bring the following:**

\_\_\_\_\_ 3 infusion sets

\_\_\_\_\_ Back-up batteries; inserter, if applicable; extra reservoirs; skin prep; dressings; etc.

Pumps are not to be worn in the lake. They are temporarily disconnected (except Omnipod). We provide storage containers for campers to store their pumps while engaged in activities that could cause the pump to fall off in the water.

**REMEMBER TO PICK UP ALL UNUSED PUMP SUPPLIES, MEDICATIONS AND INSULIN AT THE END OF CAMP.**





# Camp UPeninsulin

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## IMPORTANT DATES 2018

Camp dates are Tuesday, July 31, 2018 to Saturday, August 4, 2018

Registration Deadline: **Friday, June 30 (Space is limited so please get your registration in early.)**  
Registration forms\* with fee+ must be sent to:  
UPDON/UPCAP  
1025 Commerce Dr. Suite B  
Marquette, MI 49855

Camp Drop Off Time: **Tuesday, July 31, 2018 at the Clear Lake Education Center**  
**1:00pm to 3:00pm Eastern Time (noon to 2:00pm Central Time)**  
**PLEASE DO NOT ARRIVE BEFORE 1:00 pm** as staff will not be able to check in campers early.  
Directions can be found at: [www.clearlakeinfo.org](http://www.clearlakeinfo.org)

Camp Pick Up/  
Departure Time: **Saturday, August 4, 2018**  
**9:00 am to 11:00 am Eastern Time (8:00am – 10:00 am Central Time)**

\*Incomplete, missing, or **LATE** forms result in missing supplies and slows down the intake process for everyone.

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**+Help is needed to clean up the camp prior to departure on Saturday.**

If you choose to **opt out of clean up**, please write your camp registration check for **\$20**.  
If you **commit to helping with clean up**, please write your registration check for **\$10**.  
Checks can be made payable to UPDON/UPCAP.

\_\_\_ My child and I will commit to helping clean camp prior to departure on Saturday, August 4<sup>th</sup>.

\_\_\_ Our family will opt out of camp clean up on Saturday, August 4<sup>th</sup>.

Enclosed is my check for \$\_\_\_\_\_.

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



# Camp UPeninsulin

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## REGISTRATION PACKET DOCUMENT CHECKLIST 2018

The following forms need to be completed and/or on file before your child comes to camp.

### RETURN to UPDON/UPCAP Office by **June 30, 2018**

- \_\_\_\_\_ 2018 Camper Application
- \_\_\_\_\_ Diabetes Supplies 2018 Form
- \_\_\_\_\_ Medical Information/ Health History 2018 (3 pages)
- \_\_\_\_\_ General Rules and Guidelines
- \_\_\_\_\_ Agreement and Release of Liability
- \_\_\_\_\_ Health Examination by licensed physician 2018
- \_\_\_\_\_ Nutrition History 2018
- \_\_\_\_\_ Insulin Contract 2018
- \_\_\_\_\_ Education Survey 2018 (2 pages)
- \_\_\_\_\_ Medical Privacy Policy & Disclaimer (HIPAA Form)
- \_\_\_\_\_ Photo Release (if not on file)
- \_\_\_\_\_ Registration Fee (\$10 with clean up commitment; \$20 for clean up opt out; checks made payable to UPDON/UPCAP)
- \_\_\_\_\_ Photo of your child for the camp chart

### BRING TO CAMP

- \_\_\_\_\_ Glucose/Ketone Record Two-weeks prior to Camp
- \_\_\_\_\_ Photocopy of both front & back of both Health Insurance and Prescription cards
- \_\_\_\_\_ All supplies and medications in original containers

### PARENT INFORMATION (read, do not return)

- \_\_\_\_\_ A Note from the Medical Committee
- \_\_\_\_\_ Directions to Camp UPeninsulin (Clear Lake Education Center)
- \_\_\_\_\_ Important Dates

These forms help us to plan for your child's visit. Incomplete, missing or **LATE** forms may result in missing supplies and slows down the intake process for everyone.

**Please return all forms before or by the dates indicated above to:**

**UPDON/UPCAP  
1025 Commerce Dr. Suite B  
Marquette MI 49855  
Fax: 906-228-6136**

**THANK YOU!**



# Camp UPeninsulin

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## EDUCATION SURVEY 2018

(To be completed by parents- **Must be returned by June 30, 2018**)

During your child's camping experience, we will be providing both formal education and many "teachable moments". We encourage campers to learn new things but we do not force them to accomplish these tasks if they do not want to. In order to provide your child with some additional diabetes management skills, please answer the following questions relating to your child's present skill level. Please note that ALL TASKS are supervised at camp.

Please place an: "I" before the skill listed if your child is **INDEPENDENT**  
"A" if **ASSISTANCE** is needed, or  
"N" if this skill has **NOT** yet been accomplished

**For all campers** (those using pumps occasionally need needle injections):

\_\_\_\_\_ Gives own injection

\_\_\_\_\_ Draws up own insulin in syringe (if applicable)

\_\_\_\_\_ Rotates sites well. Please list sites used: \_\_\_\_\_

**For those using insulin pumps:**

\_\_\_\_\_ Able to fill the reservoir with insulin

\_\_\_\_\_ Able to prime the tubing

\_\_\_\_\_ Able to insert the infusion set

\_\_\_\_\_ Fill cannula after insertion

\_\_\_\_\_ Able to bolus using the pump calculator

\_\_\_\_\_ Able to change his/her basal rates when directed

# Education Survey (pg 2 of 2)

Again, using “I”, “A”, or “N”, please answer the following questions:

\_\_\_\_\_ Performs blood glucose testing

\_\_\_\_\_ Tests for ketones

\_\_\_\_\_ Able to recognize “high”

\_\_\_\_\_ Able to recognize “lows”

\_\_\_\_\_ Able to treat “lows”

How would you rate your child’s overall diabetes knowledge based on his/her age?

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Little knowledge **1 2 3 4 5 6 7 8 9 10** Very knowledgeable

What are your expectations for your child while they are a camper here?

Please list any skills you would like your child to learn while at camp?

Please provide any additional information you feel may be helpful to our staff. Thank you!





# Camp UPeninsulin

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## HEALTH EXAM BY LICENSED PHYSICIAN 2018

(Preferably completed by child's diabetes physician- **Must be returned by JUNE 30, 2018**)

Date of DM onset \_\_\_\_\_ OR Age at onset \_\_\_\_\_ Date of last exam \_\_\_\_\_  
(Must be within the past 12 months)

Height \_\_\_\_\_ cm/in %-tile \_\_\_\_\_ Weight \_\_\_\_\_ kg/lbs %-tile \_\_\_\_\_ B/P \_\_\_\_\_

Other pertinent physical findings: \_\_\_\_\_

Date of last HbA1c \_\_\_\_\_ Reading \_\_\_\_\_ (Normal range) \_\_\_\_\_

History of DKA, Nocturnal Hypoglycemia, Hypoglycemia Requiring IV Glucose or IM Glucagon:

(Please include dates) \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Activities to be encouraged or limited at camp: \_\_\_\_\_

Is there any physical or emotional disability, which might create a problem for him/her at camp?

Additional comments: \_\_\_\_\_

I recommend that this child attend Camp UPeninsulin.

Licensed Physician's Signature: \_\_\_\_\_

Date of completion: \_\_\_\_\_ By: \_\_\_\_\_ (initial if completed by nurse/asst.)

### **PLEASE PRINT THE FOLLOWING:**

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_



# Camp UPeninsulin

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## MEDICAL PRIVACY POLICY AND DISCLAIMER (HIPAA)

(To be completed by parents- **Must be returned by June 30, 2018**)

The health Insurance Portability and Accountability Act of 1996 (HIPAA) protects the privacy of a patients' health information. Although Camp UPeninsulin is not a health care provider, we are telling you some of your rights under HIPAA. Personal health information (PHI) includes information about: (1) an individual's physical or mental condition; (2) the provision of health care to an individual; and (3) the payment for health care.

Camp UPeninsulin makes an intense effort to maintain the confidentiality of any PHI that we think or you tell us is sensitive. The files are kept locked and are only available to medical personnel, the camp director, the executive director and his/her designees. Medical care at Camp UPeninsulin is administered by a team. Anyone on that team, including nurses, doctors, residents, and a health center administrative person, may require access to an individual's record. In addition, if care is required in an Emergency Room or other health care facility, personnel at such facilities may need and will be given access to an individual's medical records.

However, Camp UPeninsulin cannot guarantee the confidentiality of the PHI of campers or staff. This includes glucose readings, insulin doses, and medications taken by an individual other than insulin. Since glucose measurement, insulin administration and medication administration are performed in a group setting; anyone in the group might view another person's health information or recognize the medicine that another person is taking.

A patient's personal health information may not be used for purposes unrelated to health care, nor can such information be shared with or marketed to an outside business such as a life insurer or marketing firm without a patient's written authorization. An authorization allows the use and disclosure of protected health information for purposes, other than treatment, payment and health care operations. Other than the information that might be discernable to others in a group setting, Camp UPeninsulin maintains the strict confidentiality of all other medical information.

### Release and Consent

I have read the above and understand the limits to which my or my child's personal medical information will be protected by Camp UPeninsulin. I agree that these limits are reasonable and that the medical information cannot be kept as confidential as it might be in a medical facility. I understand that Camp UPeninsulin is not offering any method to enhance confidentiality beyond what is stated above. If the limits are unacceptable, I will withdraw my child from participation in Camp UPeninsulin.

\_\_\_\_\_  
Printed Name of Signer

\_\_\_\_\_  
Relationship to Camper (except staff over 18)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date



# Camp UPeninsulin

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## INSULIN CONTRACT 2018

(To be completed by parents- **Must be returned by June 30, 2018**)

The safety of each camper who attends Camp UPeninsulin is of paramount importance to all staff members. Camp UPeninsulin strives to continue the education of children with diabetes and expand their knowledge of self-management. However, we must set strict limits on self-management at camp, particularly with regard to insulin administration, for the safety of the campers when they are away from home.

1. Please read the statement below
2. The camper must sign and date this form
3. The parent(s)/guardian(s) must sign and date this form

During my stay at camp, I understand that I am not allowed to carry or possess insulin or have it in my cabin at any time except the insulin that is in my pump, if I use one. All insulin will be kept in the Health Center at all times. Insulin administration will only be done or supervised by the camp staff. If I use an insulin pump, **I will not administer insulin to myself and will not change the settings except when told to do so by the medical staff.**

**Anyone possessing or administering insulin without the knowledge of the Camp UPeninsulin staff may be sent home immediately at the discretion of the camp.**

By signing this contract, I agree, understand, and will abide by this insulin contract.

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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





# Camp UPeninsulin

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## NUTRITION HISTORY 2018

(To be completed by parents- **Must be returned by June 30, 2018**)

This form relates to nutritional questions about your child's diabetes management. Please complete as thoroughly as possible. It will be reviewed by the camp dietitian prior to the beginning of camp.

### 1. What best describes your child's meal plan:

\_\_\_ Carbohydrate counting      \_\_\_ Carbohydrate Exchange

\_\_\_ Other \_\_\_\_\_

### 2. Does your child normally include between meal snacks in his/her diet? Yes No

When:      \_\_\_ mid-morning      \_\_\_ mid-afternoon      \_\_\_ bedtime

### 3. Does your child have any of the following dietary concerns? (List foods to avoid)

\_\_\_ Celiac Disease - requiring gluten-free diet: \_\_\_\_\_

\_\_\_ Food allergies or intolerances: \_\_\_\_\_

\_\_\_ Vegetarian: \_\_\_\_\_

### 4. Please list the carbohydrate amounts (estimates) that your child consumes each meal and snack on a typical day. If your child does not count carbohydrates, please list a typical daily food intake for your child. Specify portion sizes.

Breakfast:

Mid-morning snack:

Lunch:

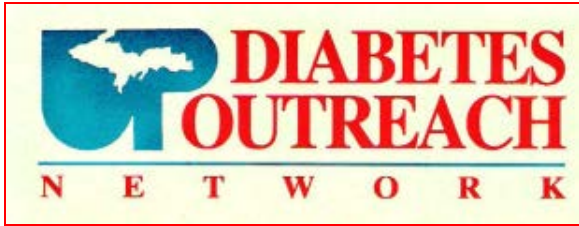
Afternoon snack:

Dinner:

Bedtime snack:

5. What is your child's favorite food? \_\_\_\_\_

6. What is your child's favorite snack? \_\_\_\_\_



U.P. Diabetes Outreach Network  
1025 Commerce Drive, Suite B  
Marquette, MI 49855  
906-273-1120

## Camp UPeninsulin

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



Re: PHOTO CONSENT

I hereby give my consent to the Upper Peninsula Diabetes Outreach Network (UPDON) to use my photograph as they deem fit for the use & benefit of Camp UPeninsulin. This may include but is not limited to flyers, brochures, UPDON's Facebook page & website, press releases & other promotional materials.

\_\_\_\_\_  
Child's Printed name / Parent's Printed Name

\_\_\_\_\_  
Parent Signature

**What has Camp meant to you?**

**Share a Quote:** \_\_\_\_\_

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