



# Camp UPeninsulin

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

## IMPORTANT DATES 2022

Camp dates are Tuesday, July 12, 2022 to Saturday, July 16, 2022

Registration Deadline: **Friday, June 1 (Space is limited so please get your registration in early.)**  
Registration forms\* with fee+ must be sent to:  
UPDON/UPCAP  
1135 County Road 492  
Marquette, MI 49855

Camp Drop Off Time: **Tuesday, July 12, 2022 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, July 16, 2022**  
**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.

---

**+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, July 16<sup>th</sup>.

\_\_\_Our family will opt out of camp clean up on Saturday, July 16<sup>th</sup>

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

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



# 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  
April 2022

**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 2022  
Camper Application**

(To be completed by parents- **Must be returned by June 1, 2022**)

Mail to: UPDON/UPCAP 1135 County Road 492, Marquette, MI 49855 or email cambensyk@upcap.org

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

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

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

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

---

---

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 \_\_\_\_\_

---

---

Emergency contacts (other than parents/guardian)

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

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

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

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

## MEDICAL INFORMATION/ HEALTH HISTORY 2022

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

---

---

---

## MEDICAL INFORMATION/ HEALTH HISTORY 2022

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 2022**

***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\_\_\_\_\_)**

---

---

**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 UPeninsula 2022

The following information is provided regarding the rules and regulations of Camp UPeninsula 2022 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 UPeninsula 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

**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 2022

**Form must be returned to UPDON by June 1, 2022**

**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.**

**RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

In consideration of participating in sports camp activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence Camp UPeninsulin, Clear Lake Education Center, U.P. Diabetes Outreach Network, UPCAP and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

- 1. I acknowledge that participating in sports camp activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
- 2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
- 5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
- 6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT  
(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

\_\_\_\_\_  
Parent or Guardian signature

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

\_\_\_\_\_  
Date



# Camp UPeninsula

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

## REGISTRATION PACKET DOCUMENT CHECKLIST 2022

RETURN to UPDON/UPCAP Office by **June 1, 2022**

- \_\_\_\_\_ 2022 Camper Application
- \_\_\_\_\_ Diabetes Supplies 2022 Form
- \_\_\_\_\_ Medical Information/ Health History 2022 (3 pages)
- \_\_\_\_\_ General Rules and Guidelines
- \_\_\_\_\_ Agreement and Release of Liability
- \_\_\_\_\_ Health Examination by licensed physician 2022
- \_\_\_\_\_ Nutrition History 2022
- \_\_\_\_\_ Insulin Contract 2022
- \_\_\_\_\_ Education Survey 2022 (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
- \_\_\_\_\_ High Ropes Course consent form (Campers 12+)  
\*\*Please mail check for ropes course in with application (Made out to Clear Lake Education Center)\*\* **NO PAYMENTS FOR ROPES COURSE WILL BE ACCEPTED AT THE REGISTRATION TABLE THIS YEAR!!!**

### 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 UPeninsula (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  
1135 County Road 492  
Marquette MI 49855  
Email: cambensyk@upcap.org**



# Camp UPeninsulin

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

## EDUCATION SURVEY 2022

(To be completed by parents- **Must be returned by June 1, 2022**)

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?

---

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: \_\_\_\_\_

## NUTRITION HISTORY 2022

(To be completed by parents- **Must be returned by June 1, 2022**)

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? \_\_\_\_\_



# Camp UPeninsulin

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

## INSULIN CONTRACT 2022

(To be completed by parents- **Must be returned by June 1, 2022**)

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: \_\_\_\_\_

## MEDICAL PRIVACY POLICY AND DISCLAIMER (HIPAA)

(To be completed by parents- **Must be returned by June 1, 2022**)

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: \_\_\_\_\_

## HEALTH EXAM BY LICENSED PHYSICIAN 2022

(Preferably completed by child's diabetes physician- **Must be returned by JUNE 1, 2022**)

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.)

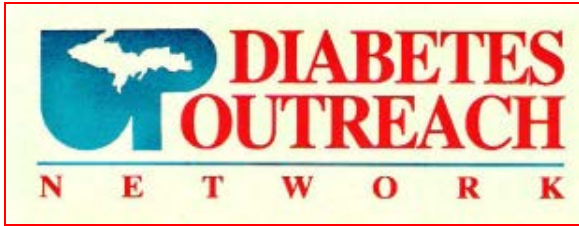
### **PLEASE PRINT THE FOLLOWING:**

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

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

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





U.P. Diabetes Outreach Network  
1135 County Road 492  
Marquette, MI 49855  
906-273-1120  
cambensyk@upcap.org

## 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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Things to bring to camp:

1. Pillow and sleeping bag or sheet set and blankets
2. Toiletry kit (toothpaste, toothbrush, soap, ect.)
3. Towel and washcloth for shower
4. Swim suit and towel
5. Tennis shoes (bring at least 1 pair that can get dirty/wet or a pair of rainboots)
6. Flip flops for shower/beach
7. Shorts and t-shirts
8. Long pants and jacket
9. Sunscreen
10. Bug spray
11. Flashlight or headlamp
12. White T-shirt or pillow case for tie dying
13. Glucose/Ketone record 2 weeks prior to camp
14. Photocopy of both front and back of health insurance and prescription cards
15. All supplies and medications, including glucagon, in original containers





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

2525 Third Avenue South Escanaba, MI 49829 906-280-5364

### Camp UPeninsulin - PARTICIPANT AGREEMENT FORM

Name(Last)	(First)	(Middle)	
Address:	City	State	Zip
Date of Birth:	Gender:		
Height:	Weight:		
Emergency Contact Name:	Relationship:	Phone Number:	

**PLEASE READ THOROUGHLY BEFORE SIGNING**

Some activities at camp (swimming, canoeing, high ropes challenge course) are, by their nature, physically and emotionally demanding, and participating in these activities may involve risks such as walking, bending, twisting, pulling, lifting, running, jumping, climbing, swinging, increased heart and breath rates, and/or physical contact with others.

I understand that although Clear Lake Education Center makes every reasonable effort to minimize exposure to known risks involved in camp activities, not all dangers and hazards can be foreseen. I am aware that certain risks and dangers exist in the activities that are beyond the control of Clear Lake Education Center. (Please note: the camp is 25 miles from the nearest medical facility, and emergency services have a 45 minute wait period for arrival at the camp.)

I understand that Clear Lake Education Center has the right to deny my participation, and that it is my responsibility as a participant to follow the instructions, guidelines and procedures explained. If at any time, I do not understand or have not heard specific instructions given by the facilitators, it is my responsibility to ask for clarification and/or assistance.

I understand and assume all risks (both known and unknown) associated with my participation in camp activities and waive, release, and discharge Clear Lake Education Center and the rest of the staff from all claims or causes of action arising from my participation.

Please note that Camp UPeninsulin will be responsible for all medical issues, needs, and care while you or your child is involved in activities at Clear Lake Education Center.

I agree that I have carefully read and will adhere to all of the above.

**Participant** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read the above statements with the Participant and give my permission for him/her to take part in the high ropes challenge course and other activities (unless otherwise specifically stated).

\_\_\_\_\_  
**Parent/Guardian** Signature (if Participant is under 18 years of age) Relationship Date: \_\_\_\_\_



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

2525 Third Avenue South Escanaba, MI 49829 906-280-5364

### Medical, Physical, Emotional Concerns of Participant

**Each section MUST be completed - please be thorough**

Medical Concerns - please consider carefully and provide any information of which we need to be aware to reduce the risk of aggravating conditions by participation in activities.

**Please be very specific so we can provide the best care possible.**

Any preexisting injuries (ankle, knee, back, neck, etc.) or surgeries that might be aggravated by participation? (please include dates)

Any heart problems, high/low blood pressure, heart medications?

Any medical conditions?

Any allergies (to food, bees, insects, medications, etc.)?

ANY other issues to be aware of (mental, physical, emotional)?

Any medications being taken (list current meds and dosage, etc BELOW):      Yes      No

#### MEDICATIONS:

*please update and give dosage (including Tylenol/Motrin/etc):*

ALL PRESCRIPTION MEDICATIONS MUST BE IN ORIGINAL CONTAINERS BEARING NAME AND DOSAGE

Medication	Dosage	Frequency

**Physical Concerns** – this is a physically demanding and challenging activity.

**Please inform staff of any concerns you may have.**

Any physical limitations?

Current level of activity at home (circle one):      Low      Medium      High      Very High

Types of activities:



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

2525 Third Avenue South

Escanaba, MI 49829

906-280-5364

**Emotional Concerns – please inform staff of any issues or anxieties that may affect participation or that may assist staff in working with you/your child on the course.**

I understand that I have the right and the responsibility to limit my participation in any activity that I believe will compromise my safety and agree to notify Clear Lake Staff if I have concerns. The high ropes course practices the “Choose Your Challenge” philosophy. This means that participation is **by choice**, and I assume all risks associated with such participation.

**Any** concerns or issues:

To best encourage me, try the following:

To best assist me, please avoid the following:

Ethnic Background

This information is used strictly for state of Michigan reporting. We appreciate your cooperation in completing this section.

- African American       Asian American       Caucasian (white)
- Hispanic American       Native American       Pacific Islander
- Other: \_\_\_\_\_       Unknown

Photo Permission

\_\_\_\_\_ YES, Clear Lake may use any photos taken of me/my child during the visit to the Center in publicity materials, and I understand that no identification will be given.

\_\_\_\_\_ NO, Clear Lake may not use any photos taken of me/my child during the visit to the Center even though no identification will be given.