

Camper Name: _____

RETURN THIS FORM WITH APPLICATION TO:

The Barton Center for Diabetes Education, Inc.

P.O. Box 356, 30 Ennis Road,

North Oxford, MA 01537

TEL: (508) 987-2056

WEB: www.bartoncenter.org

2008 CAMPER APPLICATION

PLEASE NUMBER FIRST AND SECOND CHOICES:

Clara Barton Resident Camp

Mini-Camp Sessions (Sun – Thurs; 5 days)

Two-week Sessions (Sun – Thurs; 12 days)

- Session I: June 22nd-July 3rd (Ages 6-16)**
- Mini A: June 22nd-June 26th (Ages 6-9)**
- Teen A: June 22nd-June 26th (Ages 13-16)**
- Mini B: June 29th-July 3rd (Ages 10-12)**
- Teen B: June 29th-July 3rd (Ages 13-16)**
- Session II: July 6th-July 17th (Ages 6-16)**
- Mini C: July 6th-July 10th (Ages 6-9)**
- Mini D: July 13th-July 17th (Ages 10-12)**
- Session III: July 20th-July 31st (Ages 6-16)**
- Mini E: July 20th-July 24th (Ages 6-9)**
- Mini F: July 27th-July 31st (Ages 10-12)**
- Session IV: Aug 3rd-Aug 14th (Ages 6-16)**
- Mini G: Aug 3rd-Aug 7th (Ages 6-9)**
- Mini H: Aug 10th-Aug 14th (Ages 10-12)**

Barton Adventure Camp

Two-Week Sessions (Sun-Thurs; 12 days)

(Coed, ages 13-17)

Adventure Camp 1

Caving, Spelunking, & Sea Kayaking

Limited to 10 campers

July 6th-July 17th

Adventure Camp 2

Sailing & City Adventure

Limited to 12 campers

August 3rd-August 14th

Barton Family Camp

(Coed, All ages, the whole family attends)

Family Camp August 17th-21st

(Please complete separate application, enclosed in this pack.)

Barton Day Camps (Coed, ages listed below)

One-week sessions (Monday-Friday; 5 days):

- Rainbow Club: Greenwich, CT (Ages 3-15)**
June 30th-July 3rd (Monday through Thursday evening)
- Long Island Day Camp Week 1: Buckley Country Day, Roslyn, NY (Ages 6-12)**
July 7th-July 11th
- Long Island Day Camp Week 2: Buckley Country Day, Roslyn, NY (Ages 6-12)**
July 14th-July 18th
- Clara Barton Day Camp: North Oxford, MA (Ages 6-12)**
July 21st-July 25th
- Boston Day Camp: Mass College of Pharmacy, Boston, MA (Ages 6-12)**
July 28th-August 1st
- Springfield Day Camp: Western New England College, Springfield, MA (Ages 6-12)**
August 4th- August 8th
- Mt. Sinai/Barton Day Camp: New York City, NY (Ages 6-12)**
August 11th-August 15th

*** ALL INFORMATION INCLUDED ON THE APPLICATION WILL BE HELD STRICTLY
CONFIDENTIAL***

Barton Policies and Procedures are available upon request

In order to ensure placement in a program, please complete this application fully.
Spaces are filled on a first-come, first-served basis and camps fill quickly.
The Barton Center reserves the right to return incomplete applications.

For camper security and safety, insert one, current photograph.

CAMPER/FAMILY INFORMATION:

Camper Name: _____ Birth date: ____/____/____
Age as of camp: ____ T-Shirt Size: _____ School grade completed as of camp: _____
Current Residence: _____ City: _____
State: ____ Zip: _____ Home phone number: _____ Email: _____
Living with child in current residence: Mother Father Step-parent Grandmother Grandfather
 Sisters (please list ages _____) Brothers (please list ages _____) Other: _____

Mother or legal guardian name: _____

Address (if different from child's): _____

Place of employment: _____ Work phone number: _____

Home phone number: _____ Cell phone number: _____ other: _____

Father or legal guardian name: _____

Address (if different from child's): _____

Place of employment: _____ Work phone number: _____

Home phone number: _____ Cell phone number: _____ other: _____

Parent/guardian to reach during daytime: _____ Phone number: _____

Are there any custody or visitation issues that the camp should be aware of at this time? YES NO

If yes, please explain:

Parents'/guardians' address if different during camp session: _____

Phone: _____ Dates at this location: _____

CAMP EXPERIENCE/HISTORY:

How did you hear about The Barton Center for Diabetes Education? (Please be specific, so we can thank them.)

Do you attend a diabetes support group? YES NO If yes, organized by: _____

Has your child ever been away from home for more than two days? YES NO Where? _____

Has your child ever been to a camp before? YES NO Where? _____ How Long? _____

Will 2008 be your child's FIFTH summer at The Barton Center? YES NO _____

IMPORTANT CONTACT INFORMATION:

IN AN EMERGENCY, IF PARENT/GUARDIAN CANNOT BE REACHED, PLEASE CALL:

Name: _____ Relationship: _____ Phone: _____

OR Name: _____ Relationship: _____ Phone: _____

NAME OF HEALTH CARE PROVIDER (MD/RN): _____

Phone Number: _____ Mailing address: _____

NAME OF DIABETES CARE PROVIDER: _____

Phone Number: _____ Mailing Address: _____

NAME OF PSYCHOLOGIST/PSYCHIATRIST/SOCIAL WORKER (list all that apply):

Phone Number: _____ Mailing Address: _____

For office use only:											
Publicity: Photo & Name	Photo Only	No Permission	New Camper			Bartonian					
Session: I II III IV	Mini: A B C D E F G H	Teen: A B	Day Camp: RC LI1 LI2 W B S NYC								

MEDICAL INFORMATION: (non-diabetes related)

Do you carry family medical/hospital insurance? YES NO If yes, indicate the following:
Insurance company: _____ Policy #: _____
Name of insured: _____ Group #: _____
Address: _____
Medicaid (Mass Health or other public health program) #: _____
Do you carry separate prescription coverage? YES NO If yes, indicate the following:
Prescription Plan Name: _____ Policy Number: _____

PLEASE PROVIDE COPIES OF THE FRONT AND BACK OF ALL INSURANCE AND PRESCRIPTION CARDS

Do we have permission to speak with your child's mental health/diabetes/other health care providers? YES NO
Please list all medications (aside from insulin) that your child takes and indicate dosage and reason for taking below:
Medication Dosage Reason for taking medication

Does your child have any allergies (medications, food etc)? YES NO
If yes, please explain: _____

Has your child been hospitalized in the past year (including psychiatric facilities)? YES NO
If yes, please explain: _____

Does your child have any other physical, social, or emotional problems other than diabetes? YES NO
If yes, please specify: _____

Has your child ever been on a behavior modification plan or a formal disciplinary plan? YES NO If so, were they able to successfully adhere to it? YES NO
Please explain: _____

Help us to understand your child so that he/she will have a HAPPY, SAFE, CONFIDENCE-BUILDING camp experience. PLEASE include difficulties with **diabetes management, physical, emotional and psychological needs, behavioral problems, eating problems, social concerns, possibility of homesickness**, etc, and the techniques you find useful in supporting your child. This information is extremely important in helping us provide the *best possible* camp experience for your child and their camp peers. (Please attach another sheet if needed.) _____

Diabetes Information:

How long has your child had diabetes? _____ Date of diagnosis: _____

Do you agree to have your child follow The Barton Center's method of diabetes treatment and use approved supplies while at camp (outlined in "Our Philosophy: Diabetes Management at Camp")? YES NO

Has your child ever had a severe low blood sugar (seizure, loss of consciousness, or other)? YES NO
If yes, when/how often? _____

Brand and type of insulin used (please circle all that apply):

- Rapid Acting:** Humalog Novolog Apidra
- Short Acting:** Regular (circle brand - Humulin Novolin)
- Intermediate Acting:** NPH (circle brand - Humulin Novolin)
- Long Acting:** Glargine (Lantus) Detemir (Levemir)
- Other:** _____

Does your child use an injection device to insert needle or infusion set (injectomatic, inject-ease, soft-set inserter, or other)? YES NO If yes, please specify name of device used: _____

Does your child use an insulin pump? YES NO If yes, which one? _____ For how long? _____
Any additional comments/suggestions from parents/guardians: _____

All of the following releases must be signed in order for your child to be enrolled in a program.

PUBLICITY RELEASE (Please choose ONE of the following):

I, _____, hereby give permission for The Barton Center to use my child's name and photographs of my child for the publicity/marketing/ecamp efforts of The Barton Center for Diabetes Education, Inc.

I, _____, hereby give permission for The Barton Center to use photographs of my child, **omitting his/her name**, for the publicity/marketing/ecamp efforts of The Barton Center for Diabetes Education, Inc.

I, _____, **do not** give permission to The Barton Center to use my child's photograph or name for the publicity/marketing/ecamp efforts of The Barton Center for Diabetes Education, Inc.

Signature of parent or guardian: _____ **Date:** _____

I, _____, authorize The Barton Center to release or receive all medical and academic records, for the above named minor child, including but not limited to those records pertaining to substance abuse and emotional or mental health.

I understand that The Barton Center reserves the right to dismiss a participant from any of its programs for any behavior they deem to be inappropriate, including, but not limited to, the use of, the participation in, the possession of, or retention of knowledge about, illegal drug use, drinking, smoking, weapons, teasing, hazing, sexual misconduct, derogatory statements, defiance of program policies, emotional instability, or manipulation of diabetes care. Dismissed participants will not be entitled to a refund of program fees.

I have read and understand the cancellation policy on the sheet entitled, "Registration and Fee Information."

I have read all the enclosed materials including "Our Philosophy: Diabetes Management at Camp." I understand and agree to the routines and protocols, which will govern my child's camp experience. In an effort to reduce exposures in the camp environment, I understand that my child will be REQUIRED to use one-time-use lancets. I also understand that my child will not be permitted to use an insulin pen unless he/she is able to apply and dispose of the sharp independently.

Signature of parent or guardian: _____ **Date:** _____

ACKNOWLEDGMENT AND RELEASE

I, _____, am the parent/guardian of _____, a child wishing to participate in a program operated by The Barton Center for Diabetes Education, Inc. ("the Program"). I acknowledge that participation in the Program activities can involve the risk of injury to my child or damage to the property of my child. I understand that, due to the nature of some of these activities, such risks cannot be eliminated. I further understand that Program staff will engage in diabetes management with my child but that my child's diabetes may increase some risks of participation.

On behalf of myself and my child, I voluntarily accept all risk of injury to my child resulting from his/her participation in the Program. In consideration of my child being permitted to participate, I, on behalf of my child, family, heirs, and personal representative(s), agree to assume all of the risks and responsibilities of my child's participation in the Program (including diabetes management, transportation and any other activities incident to such participation), and I hereby release, waive, discharge, hold harmless, covenant not to sue and covenant to indemnify The Barton Center for Diabetes Education, Inc. and its or their trustees, officers, agents, employees and contractors, and all other persons associated with The Barton Center for Diabetes Education, Inc. (collectively "Releases"), with respect to any and all liability for any harm, injury, damage, cost or expense of any nature whatsoever, including but not limited to suffering and death, which my child may incur, regardless of the cause, while participating in, or in transit to or from, the Program.

This Release shall be interpreted under and governed by the laws of the Commonwealth of Massachusetts. If any provision of this Release is deemed so broad as to be unenforceable, such provision shall be interpreted to be only so broad as is enforceable.

I HAVE CAREFULLY READ THIS RELEASE, AND I FULLY UNDERSTAND ITS CONTENTS.

CAMPER:

Printed Name _____ Signature _____ Date _____

PARENT/GUARDIAN:

Printed Name _____ Signature _____ Date _____

WITNESS TO PARENT/GUARDIAN SIGNATURE:

Printed Name _____ Signature _____ Date _____