

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

Friend/Sibling Name: \_\_\_\_\_ (please fill out separate camper application)

**RETURN THIS FORM TO:**

**The Barton Center for Diabetes Education, Inc.**

PO Box 356, North Oxford, MA 01537 ~ 508-987-2056 Ext. 2000 ~ www.bartoncenter.org

COMPLETED APPLICATIONS MAY BE MAILED. ONLINE REGISTRATION IS ALSO AVAILABLE ON OUR WEBSITE!

Please Note: Confirmation paperwork (sent separately) will need to be completed and returned for campers to attend camp.

**2024 CAMPER APPLICATION**

*Per our COVID-19 protocols, all campers are highly recommended to be vaccinated, and staff are required to be vaccinated and boosted prior to the start of camp.*

**IMPORTANT: Please see Program Description sheet for location information about Clara Barton Camp & Camp Joslin Coed Camp and Worcester Day Camp.**

**Clara Barton Camp & Camp Joslin Coed Camp,**

**Ages 6-16**

*One-week and Two-week Sessions (Sunday – Saturday)*

*See Program Description sheet for complete info on program.*

**\*All Sessions - may bring sibling or friend without diabetes.**

- Session 1 (2 wks): June 23<sup>rd</sup> – July 6<sup>th</sup>
- Session 1a (1 wk): June 23<sup>rd</sup> – June 29<sup>th</sup>
- Session 1b (1 wk): June 30<sup>th</sup> – July 6<sup>th</sup>
- Session 2 (2 wks): July 7<sup>th</sup> – July 20<sup>th</sup>
- Session 2a (1 wk): July 7<sup>th</sup> – July 13<sup>th</sup>
- Session 2b (1 wk): July 14<sup>th</sup> – July 20<sup>th</sup>
- Session 3 (2 wks): July 21<sup>st</sup> – August 3<sup>rd</sup>
- Session 3a (1 wk): July 21<sup>st</sup> – July 27<sup>th</sup>
- Session 3b (1 wk): July 28<sup>th</sup> – August 3<sup>rd</sup>

**Bridge Weekends**

*Bridge Weekends only for those attending consecutive sessions at Clara Barton Camp & Camp Joslin Coed Camp.*

- Bridge Weekend A (1/1b to 2/2a): July 6<sup>th</sup> – 7<sup>th</sup>
- Bridge Weekend B (2/2b to 3/3a): July 20<sup>th</sup> – 21<sup>st</sup>

**Vermont Overnight Camp – Coed, Ages 6-16**

*See Program Description sheet for complete info on program.*

*May bring sibling or friend without diabetes.*

- Vermont Overnight Camp (South Hero, VT)  
July 7<sup>th</sup> – July 12<sup>th</sup>

**Adventure Program – Coed, Ages 13-17**

Adventure Camp:

July 24<sup>th</sup> – August 2<sup>nd</sup>

***Adventure campers must be physically capable of making the trip. Campers will need physician approval. Moderate difficulty, some outdoor experience recommended. Please contact The Barton Center for more information.***

**Barton Day Camps – Coed, Ages 5-15**

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

*Drop off 8:30-9 a.m. – Pickup 5-5:30 p.m.*

*May bring sibling or friend without diabetes.*

*See Program Description sheet for complete info on Programs.*

Danvers Day Camp: Danvers, MA

- o June 24<sup>th</sup> – June 28<sup>th</sup>

Worcester Day Camp: Worcester, MA

- o July 15<sup>th</sup> – July 19<sup>th</sup>

Long Island Day Camp: Old Westbury, NY

- o July 29<sup>th</sup> – August 2<sup>nd</sup>

**ALL INFORMATION INCLUDED ON THE APPLICATION WILL BE HELD IN STRICT CONFIDENCE.**

**Health Care policy, background review and grievance policies are available upon request.**

**Our Transgender Camper Policy can be found on our website: [bartoncenter.org/registration/](http://bartoncenter.org/registration/)**

<b>For office use only:</b>	New Camper		Fifth Year						Bridge: A B			
CBC/CJ Session:	1	2	3	One-week:	1a	1b	2a	2b	3a	3b		
Day Camp:	D	W	LI	Adventure	Vermont Overnight Camp							

**Please complete this application fully to ensure placement in a program. Spaces are filled on a first-come, first-served basis—camp sessions fill quickly. The Barton Center reserves the right to return incomplete applications.**

**CAMPER/FAMILY INFORMATION:** Camper Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Camper age as of camp: \_\_\_\_\_ School grade completed as of camp: \_\_\_\_\_ Gender: \_\_\_\_\_  
Current Residence-Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Living with child in current residence:  Mother  
 Father  Step-parent  Grandmother  Grandfather  Sisters  Brothers  Other: \_\_\_\_\_

**Parent or legal guardian name:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address (if different from child's): \_\_\_\_\_  
Place of employment: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Parent or legal guardian name:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address (if different from child's): \_\_\_\_\_  
Place of employment: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Email: \_\_\_\_\_

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' location, **if different during camp session:** \_\_\_\_\_  
Phone: \_\_\_\_\_ Dates at this location: \_\_\_\_\_

**IN AN EMERGENCY, IF PARENT/GUARDIAN CANNOT BE REACHED, PLEASE CALL:**  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
OR Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**NAME OF PRIMARY HEALTH CARE PROVIDER:** \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Mailing address: \_\_\_\_\_

**NAME OF DIABETES CARE PROVIDER and affiliated institution:**  
Name \_\_\_\_\_ Institution \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

**NAME OF PSYCHOLOGIST/PSYCHIATRIST/SOCIAL WORKER (list all that apply):** \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

**NAME OF DENTIST:** \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Mailing address: \_\_\_\_\_

Do we have permission to speak with your child's mental health/diabetes/other health care providers? YES NO

**CAMP EXPERIENCE/HISTORY:**  
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? \_\_\_\_\_  
Has your child ever been to another diabetes camp before? YES NO Where? \_\_\_\_\_ How Long? \_\_\_\_\_  
He/she makes friends with other children (check all that apply): Own Age \_\_\_\_\_ Younger \_\_\_\_\_ Older \_\_\_\_\_  
Will 2024 be your child's FIFTH summer at The Barton Center (including Camp Joslin and Day Camp)? YES NO

**Bunkmate Requests:** \_\_\_\_\_ (We make every effort to accommodate special requests but cannot guarantee that they will be honored.)

**MEDICAL INFORMATION: (non-diabetes related)**

**PLEASE PROVIDE COPIES OF FRONT AND BACK OF ALL INSURANCE AND PRESCRIPTION CARDS.**

**Does your child have any allergies or intolerances or specific dietary needs** (medications, foods, vegetarian etc.)?  
YES NO If yes, please explain (include reaction): \_\_\_\_\_

**Has your child been hospitalized** (including psychiatric facilities)? YES NO  
If yes, please explain (include reason and year): \_\_\_\_\_

Please list any serious injuries and/or accidents (include type of injury, date and treatment): \_\_\_\_\_

Please list all medications/vitamins, etc. (aside from insulin) that your child takes along with other information below:

Medication	Dosage	Time	Reason for taking medication
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**MEDICAL HISTORY:**

Asthma	No	Yes	Heart disease	No	Yes
ADD/ADHD	No	Yes	Severe low blood sugar	No	Yes
Anxiety	No	Yes	Eating disorder	No	Yes
Depression	No	Yes	Learning or developmental disorder	No	Yes
Bedwetting	No	Yes	Problems sleeping	No	Yes
Constipation	No	Yes	Seizures	No	Yes
DKA (unrelated to diagnosis)	No	Yes	Other	No	Yes

If Yes, please describe: \_\_\_\_\_

**Does your child have any other medical, 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 yes, was he/she able to successfully adhere to it? YES NO

Please explain: \_\_\_\_\_

**Has your child demonstrated any risk-taking behavior in relation to his/her diabetes, including but not limited to: intentionally omitting insulin, under bolusing or over bolusing?** YES NO If yes, please explain: \_\_\_\_\_

**Does your child currently participate in Special Education Services?** YES NO

If yes, 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. **The more honest, open and descriptive you can be, the better** as this information is extremely important in helping us provide the **best possible** camp experience for your child and his/her camp peers. (Please attach another sheet if needed.)

**Diabetes Information:**

Date of diagnosis: \_\_\_\_\_ Most recent A1c: \_\_\_\_\_ Date: \_\_\_\_\_

Has your child ever had a severe low blood sugar (seizure, loss of consciousness, or other)? YES NO

If yes, when and how often? \_\_\_\_\_

Has your child had a severe high blood sugar (hospitalization for DKA) within the past 12 months? YES NO

If yes, please describe event(s) including potential triggers and frequency: \_\_\_\_\_

Does your child recognize their symptoms of high/low blood sugar? YES NO Please describe your child's symptoms: \_\_\_\_\_

Does your child use an insulin pump? YES NO If yes, which one? \_\_\_\_\_ For how long? \_\_\_\_\_

Does your child wear a continuous glucose monitoring device? YES NO If yes, which one? \_\_\_\_\_

Does your child use a non-FDA approved CGM or currently participate in a clinical trial? YES NO Please provide specifics of either so that we can better care for your camper: \_\_\_\_\_

Any additional comments/suggestions from parents/guardians: \_\_\_\_\_

How did you hear about The Barton Center for Diabetes Education? (If a former camper/alumni, health care provider, etc., please let us know!) \_\_\_\_\_

**The Barton Center does not discriminate on the basis of financial income, race, religion, ethnicity, gender, gender identity, sexual orientation, or family experiences.**

**\*\*\*IMPORTANT NOTICE\*\*\***

**Your registration WILL NOT be considered complete and a spot will not be held for your child unless ALL OF THESE RELEASES ARE COMPLETED AND SIGNED.**

**PUBLICITY RELEASE**

The Barton Center takes photographs/digital media at all Barton camps, programs, and events. I/we understand that whenever I/we/my child/children/family members are on camp property or at camp events, we may appear in photographs/digital media.

I/we, \_\_\_\_\_, hereby give permission for The Barton Center to use photographs/digital media of my child/children/myself/family members for the publicity/marketing/photo sharing efforts of The Barton Center for Diabetes Education, Inc.

**Signature of parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***\*Please note that "photo sharing" refers to electronic services that the organization may use in order to publish pictures taken during your camper's session on a restricted website for you to view while your camper is with us at camp.***

**MEDICAL RELEASE/POLICIES RELEASE/PROTOCOLS RELEASE**

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 hereby give permission to the health care provider selected by the on-site camp licensed medical provider to order X-rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the health care provider selected by the on-site camp licensed medical provider to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above.

I understand that The Barton Center reserves the right to dismiss a participant from any of its programs for any behavior it deems 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, bullying, physical violence of ANY sort whether directed towards campers, staff or self, 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 the "Barton Protocols" sheet and understand that by registering my child for camp I agree to Barton Protocols.

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.

**Signature of parent/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, including transportation to field trips off camp, 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., its 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 \_\_\_\_\_