The Barton Center for Diabetes Education, Inc.

2024 COVID-19 RELEASE

This release is required for your child to attend camp.

I have read all of The Barton Center for Diabetes Education, Inc.'s (hereinafter referred to as Barton or The Barton Center) COVID-19 Protocols and understand my child will be required to follow Barton protocols outlined prior to arrival at camp and while at camp. I also understand that these protocols are subject to change.

I understand that regardless of all efforts made by The Barton Center, COVID-19 is an extremely contagious virus which can cause serious medical conditions, including death. The Barton Center has implemented precautionary procedures in an attempt to reduce the spread of the virus. Per our COVID-19 protocols, all campers are highly recommended to be vaccinated, and staff are required to be vaccinated and boostered prior to the start of camp. However, given the extremely contagious nature of COVID-19, The Barton Center cannot guarantee that your child will not contract the virus while attending camp programs. Therefore, if you choose to send your child to a Barton camp program, you may be exposing your child to and/or increasing your child's risk of contracting COVID-19.

By signing this release, you are agreeing to let your minor child attend a camp program operated by The Barton Center at which they may be exposed to and contract COVID-19. You are agreeing that you understand that there is a chance your child may contract COVID-19 which may cause serious medical conditions, including death.

On behalf of myself and my child, I voluntarily accept all risk of my child contracting COVID-19 resulting from his/her participation in a Barton camp 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 a Barton camp program, 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 my child contracting COVID-19, cost or expense of any nature whatsoever related to COVID-19, including but not limited to suffering and death, which my child may incur while participating in a Barton camp 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:_____

PARENT/GUARDIAN—Printed Name:_____

Parent/Guardian Signature: _____ Date _____

WITNESS TO PARENT/GUARDIAN SIGNATURE—Printed Name:_____

Witness Signature: _____ Date _____

CURRENT INSULIN PLAN

NAME: _____**AGE:** _____ **DATE:** _____ **PROGRAM:** _____

Does your child perform blood glucose monitoring independently? ☐ **Yes** ☐ **No** **Does your child give his/her own injections?** ☐ **Yes** ☐ **No**

Does your child wear a continuous glucose monitor (CGM)? ☐ **Yes** ☐ **No** **If yes, which device?**_____

Does your child use a non-FDA approved device, or is your child participating in an associated clinical trial? If yes, please provide details so we can care for your child appropriately:

_____

Does your child change their own sensor independently? ☐ **Yes** ☐ **No** **Date of last sensor change:** _____

Rapid Acting Insulin Type: _____

								Breakfast			Snack		Lunch			Snack			Dinner			Snack	Bedtime	
Bolus	**12a**	**1a**	**2a**	**3a**	**4a**	**5a**	**6a**	**7a**	**8a**	**9a**	**10a**	**11a**	**12p**	**1p**	**2p**	**3p**	**4p**	**5p**	**6p**	**7p**	**8p**	**9p**	**10p**	**11p**
Carbohydrate Ratio																								
Correction Factor																								
Target																								

Basal/Bolus Insulin Plan - Injections

Long-Acting Insulin Name:	Time: Amount:	Time: Amount:	Intermediate-Acting Insulin Name:	Time: Amount:	Time: Amount:

INSULIN PUMP

PUMP START DATE: _____

PUMP/INFUSION SET TYPE: _____**Camper can change own infusion set**: **Yes** ☐ **No** ☐ **Partial** ☐

Camper can fill pump reservoir: **Yes** ☐ **No** ☐ ***Date of last site change***: _____

Basal	**12a**	**1a**	**2a**	**3a**	**4a**	**5a**	**6a**	**7a**	**8a**	**9a**	**10a**	**11a**	**12p**	**1p**	**2p**	**3p**	**4p**	**5p**	**6p**	**7p**	**8p**	**9p**	**10p**	**11p**
Basal rates:																								

Sliding Scale Insulin Plan (Attach a copy of what you use at home)

The Barton Center for Diabetes Education, Inc.
PO Box 356, North Oxford, MA 01537 (508) 987-2056 www.bartoncenter.org

2024 Health Information Form – Campers, CITs, Staff, and Volunteers

******This health form will be valid for one year. If any information changes during the course of this period, it is the applicant's responsibility to notify The Barton Center.******

Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____ City:_____ State:_____ Zip:_____
Date of Birth: _____ Age: _____ Gender: _____
Email:_____ Home phone:_____
Cell phone:_____
Primary Health Care Provider: _____
Mailing Address: _____ Phone: _____
Primary Diabetes Care Provider: _____
Mailing Address: _____ Phone: _____
Mental Health Provider _____
Mailing Address: _____ Phone: _____
Dentist: _____
Mailing Address: _____ Phone: _____

EMERGENCY CONTACT INFORMATION—IF UNDER 18, MUST BE PARENT/LEGAL GUARDIAN:

(1): Name:_____ Relationship:_____
Address:_____ Home phone: _____
Cell phone:_____Work phone:_____ Email:_____
(2): Name:_____ Relationship:_____
Address:_____ Home phone:_____
Cell phone:_____ Work phone:_____ Email:_____
If under 18 and a parent/legal guardian cannot be reached, please call:
Name:_____ Relationship:_____ Phone number:_____
OR Name:_____ Relationship:_____ Phone number:_____

Diabetes Information: **I do not have diabetes:** ☐

Date of diabetes diagnosis: _____
Have you had a severe low blood sugar (seizure, loss of consciousness, or other) within the past 12 months? YES NO
Have you 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:
_____

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

Rapid Acting: Humalog Novolog Apidra Fiasp
Short Acting: Regular (circle brand) – Humulin R Novolin R
Intermediate Acting NPH (circle brand) - Humulin N Novolin N
Long Acting: Glargine (Basaglar, Lantus, Toujeo) Detemir (Levemir) Degludec (Tresiba)
Other: _____

Do you use an insulin pump? YES NO If yes, date pump therapy was started: _____
Type of pump: _____ _____Infusion set:_____
Do you use a continuous glucose monitor? YES NO If yes, type of CGM:_____
Most recent A1C: _____ Date: _____

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Name:_____

Does your child use a non-FDA approved device, or is your child participating in an associated clinical trial? If yes, please provide details so we can care for your child appropriately:

_____

_____

CURRENT HEALTH CONCERNS:

1. _____
2. _____
3. _____
4.

CURRENT MEDICATIONS (other than insulin): Please include vitamins, minerals, herbal, and homeopathic remedies.

	Medication	Dosage	Time
1.			
2.			
3.			
4.			
5.			
6.			

ALLERGY		**Reaction**
Medication:	1.	
	2.	
	3.	
Environment	1.	
	2.	
Food:	1.	
	2.	

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:

_____

_____

SERIOUS INJURIES AND/OR ACCIDENTS/ HOSPITALIZATIONS (Medical, Surgical, Psychiatric)

Type	Date	Treatment
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Name:_____

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

UNDER AGE 18—PARENT/LEGAL GUARDIAN SIGNATURE REQUIRED
(For Campers/CITS/Staff/Volunteers under age 18)

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

I authorize The Barton Center for Diabetes Education, Inc. to release or receive all medical records, for the above-named individual, 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.

Parent/Legal Guardian Signature: _____ Date: _____

AGE 18 AND OVER—STAFF/VOLUNTEER/CAMPER SIGNATURE REQUIRED
(For Staff/Volunteers/Campers age 18 and over)

I authorize The Barton Center for Diabetes Education, Inc. to release or receive all medical records, for me including but not limited to those records pertaining to substance abuse and emotional or mental health.

In the event I am incapacitated/unable to provide consent, I hereby give permission for the on-site camp licensed medical provider to order treatment and/or hospitalization to address my health condition, and in the event I am incapacitated/unable to provide consent, I hereby give permission to the health care provider selected by the on-site camp medical licensed provider to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me.

Staff/Volunteer/Camper Signature: _____Date: _____

Camper Name: _____

Camper Date of Birth: _____

Camper Session: _____

Non-FDA Product Use Policy at Camp

Parent/Guardian-please read each statement carefully, initial each statement, & sign the bottom of the page.

A "Non-FDA" approved device is defined as a pump, application, or glucose monitor platform that is not FDA (United Stated Federal Drug Administration) approved.

_____ I understand that my child is using a non-FDA approved device at camp.

_____ I understand that the risk and liability of using a non-FDA approved device at camp is the responsibility of the parents/guardian and not The Barton Center for Diabetes Education, Inc.

_____ I understand that troubleshooting of the non-FDA approved device is not the responsibility of The Barton Center for Diabetes Education, Inc. staff members.

_____ I understand that my child must have an FDA approved back up device.

_____ I understand that if at any time the camp On-Site Medical Provider feels the looping system is not performing to the desired control of the camp, The Barton Center for Diabetes Education, Inc. reserves the right to take the pump off closed loop. This means the pump will be returned to a single "pump" device.

_____ I understand that if at any time after the looping device has been disabled and is running as a single use pump and is not preforming to the desired control of the camp, The Barton Center for Diabetes Education, Inc. reserves the right to place the camper on multiple daily injections (MDI's).

_____ I understand that my child will not have access to Wi-Fi or cell phone service while at camp including the use of Dexcom share.

_____ I understand that if a pump/CGM phone is lost, stolen, or damaged at camp, there is no liability to The Barton Center for Diabetes Education, Inc. for replacements or repairs.

The Barton Center for Diabetes Education, Inc. will do its best to keep your child on his/her/their home diabetes treatment plan.

_____I agree to the terms and conditions above.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____Date:_____

Camper Signature: _____Date:_____

The Barton Center for Diabetes Education, Inc.

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER (OR UNDER-18 STAFF MEMBER)
(To be completed by parent/guardian)

Please complete a separate form for each medication to be administered to camper **including insulin and glucagon**.

Camper and Parent/Guardian Information	
Camper's Name:	Age:
Food/Drug Allergies:	Diagnosis: (at parent/guardian's discretion)
Parent/Guardian's Name:	Home Phone:
Business Phone:	Emergency Telephone:
Licensed Prescriber Information	
Name of Licensed Prescriber:	
Business Phone:	Emergency Telephone:
Medication	
Name of Medication (PRESCRIBED OR OVER THE COUNTER):	Dose given at camp:
Route of Administration:	Frequency:
Date Ordered:	Duration of Order:
Quantity Received:	Expiration date of Medication Received:
Special Storage Requirements:	Specific Directions: (e.g., on empty stomach/with water)
Specific Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	
Authorization	
I hereby authorize The Barton Center for Diabetes Education, Inc to administer, to my child, _____ the medication listed above, in accordance with M.G.L. c.94C, §7 [see below] (name of camper) **Please initial page 2 where indicated.**	
If the above listed medication includes epinephrine injection system: I hereby authorize my child to self-administer, with approval of the health care consultant. I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to administer.	□ Yes □ No □ Not Applicable □ Yes □ No □ Not Applicable
If the above listed medication includes insulin: I hereby authorize my child to self-administer, with approval of the health care consultant and supervision of health care supervisor.	□ Yes □ No □ Not Applicable
Signature of Parent/Guardian:	Date:

Meningococcal Disease and Camp Attendees: Commonly Asked Questions

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the "meninges") that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. Symptoms of meningococcal disease may appear suddenly. Fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, and rash can all be signs of meningococcal disease. Changes in behavior such as confusion, sleepiness, and trouble waking up can also be important symptoms. In the US, about 350-550 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 10-20% may lose limbs, become hard of hearing or deaf, have problems with their nervous system, including long term neurologic problems, or have seizures or strokes. Less common presentations include pneumonia and arthritis.

How is meningococcal disease spread?

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person's saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing and sneezing.

Who is most at risk for getting meningococcal disease?

People who travel to certain parts of the world where the disease is very common, microbiologists, people with HIV infection and those exposed to meningococcal disease during an outbreak are at risk for meningococcal disease. Children and adults with damaged or removed spleens or persistent complement component deficiency (an inherited immune disorder) are at risk. Adolescents, and people who live in certain settings such as college freshmen living in dormitories and military recruits are at greater risk of disease from some of the serotypes.

Are camp attendees at increased risk for meningococcal disease?

Children attending day or residential camps are **not** considered to be at an increased risk for meningococcal disease because of their participation.

Is there a vaccine against meningococcal disease?

Yes, there are 2 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menactra and Menveo) protects against 4 serotypes (A, C, W and Y) of meningococcal disease. Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease, for age 10 and older.

Should my child or adolescent receive meningococcal vaccine?

That depends. Meningococcal conjugate vaccine is routinely recommended at age 11-12 years with a booster at age 16. In addition, these vaccines may be recommended for children with certain high-risk health conditions, such as those described above. Otherwise, meningococcal vaccine is **not** recommended for attendance at camps.

Meningococcal serogroup B vaccine (Bexsero and Trumenba) is recommended for people with certain relatively rare high-risk health conditions (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited disorder), and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) who do not have high risk conditions **may** be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease. Parents of adolescents and children who are at higher risk of infection, because of certain medical conditions or other circumstances, should discuss vaccination with their child's healthcare provider.

How can I protect my child or adolescent from getting meningococcal disease?

The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, respiratory hygiene and cough etiquette. Individuals should:

1. wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water or an alcohol-based hand gel or rub may be used if hands are not visibly dirty);
2. cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don't have a tissue, cough or sneeze into their upper sleeve.
3. not share food, drinks or eating utensils with other people, especially if they are ill.
4. contact their healthcare provider immediately if they have symptoms of meningococcal disease.

If your child is exposed to someone with meningococcal disease, antibiotics may be recommended to keep your child from getting sick.

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Division of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at www.mass.gov/dph.

Provided by the Massachusetts Department of Public Health in accordance with M.G.L. c.111, s.219 and 105 CMR 430.157(C).
Massachusetts Department of Public Health, Division of Epidemiology and Immunization, 305 South Street, Jamaica Plain, MA 02130 Updated May 2018

References

105 CMR 430.160 (A): Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use. (M.G.L. c. 94C, § 21). **PLEASE INITIAL HERE:**_____

Specialty Camp Medication Administration – Massachusetts

Notwithstanding any general or special law to the contrary, the department of public health, pursuant to its authority under subsection (g) of section 7 of chapter 94C of the General Laws, shall promulgate regulations to allow: (i) student nurses and recently graduated student nurses, as included in the definition of "nurse" in section 1 of said chapter 94C; (ii) medical specialty camp staff trained under the supervision of a practitioner as defined in section 1 of said chapter 94C; and (iii) certified diabetes care and education specialists in good standing with the Certification Board for Diabetes Education and Care, to administer medication to campers at medical specialty camps as defined in the state sanitary code. **PLEASE INITIAL HERE:**_____

105 CMR 430.160 (D): A written policy for the administration of medications at the camp shall identify the individuals who will administer medications. This policy shall:

(1) List individuals at the camp authorized by scope of practice (such as licensed nurses) to administer medications; and/or other individuals qualified as health care supervisors who are properly trained or instructed, and designated to administer oral or topical medications by the health care consultant.

(2) Require health care supervisors designated to administer prescription medications to be trained or instructed by the health care consultant to administer oral or topical medications.

(3) Document the circumstances in which a camper, heath care supervisor, or other employee may administer epinephrine injections. A camper prescribed an epinephrine auto-injector for a known allergy or pre-existing medical condition may:

(a) Self-administer and carry an epinephrine auto-injector with him or her at all times for the purposes of self-administration if:
    1. the camper is capable of self-administration; and
    2. the health care consultant and camper's parent/guardian have given written approval
(b) Receive an epinephrine auto-injection by someone other than the health care consultant or Person who may give injections within their scope of practice if:
    1. the health care consultant and camper's parent/guardian have given written approval; and
    2. the health care supervisor or employee has completed a training developed by the camp's health care consultant in accordance with the requirements in 105 CMR 430.160.

(4) Document the circumstances in which a camper may self-administer insulin injections. If a diabetic child requires his or her blood sugar be monitored, or requires insulin injections, and the parent or guardian and the camp health care consultant give written approval, the camper, who is capable, may be allowed to self-monitor and/or self-inject himself or herself. Blood monitoring activities such as insulin pump calibration, etc. and self-injection must take place in the presence of the properly trained health care supervisor who may support the child's process of self-administration. **PLEASE INITIAL HERE:**_____

THE BARTON CENTER FOR DIABETES EDUCATION, INC.

FALL, WINTER, SPRING PARENT CONSENT FORM

CAMPER NAME (please print):_____

PARENT/GUARDIAN NAME (please print):_____

PLEASE PRINT YOUR CHILD'S NAME AND YOUR NAME IN THE SPACE ABOVE. PLEASE SIGN AND DATE EACH SECTION LISTED BELOW.

INSECT REPELLENT: I have supplied insect repellent for my child's use and give permission for Barton Center camp counselors to supervise and/or assist with its application according to camp protocols. (In the event I forget to supply insect repellent, my child may use The Barton Center's insect repellent.)

Parent/Guardian Signature: _____ **Date**:_____

HAND SANITIZER: I give permission for my child to use hand sanitizer provided by The Barton Center while at a Barton camp program.

Parent/Guardian Signature: _____ **Date**:_____

COVID-19 RAPID TEST: I give permission for Barton Center staff to perform COVID-19 Rapid Tests on my child per Barton COVID-19 Protocols while my child is attending a Barton camp program.

Parent/Guardian Signature: _____ **Date**:_____

RESTRICTIONS: (Please check one and if restrictions, list in space provided.)

☐ My child may not participate in the following camp activities: _____

☐ No restrictions

Parent/Guardian Signature: _____ **Date**:_____

The Barton Center for Diabetes Education, Inc.

FALL, WINTER, SPRING PROGRAM COVID PROTOCOLS FOR 2024-2025 AS OF 1/1/2024

PLEASE NOTE: THESE PLANS ARE SUBJECT TO CHANGE AS NECESSARY.

The Barton Center for Diabetes Education takes standards for hygiene and cleanliness very seriously and is taking additional steps to protect our campers, families, and staff. Our health and safety measures are designed to address a broad spectrum of viruses, including COVID-19, and include everything from hand hygiene and cleaning product specifications to the cleaning of program equipment and watercraft.

The purpose of this plan is to develop and implement a strategy to operate fall, winter, spring camp programs while preventing the spread and outbreak of COVID-19. We are closely monitoring government policy changes and are implementing many regulations from the American Camp Association (ACA) Operations Field Guide, Centers for Disease Control (CDC) Guidelines, mandates from the state of Massachusetts, and our local health officials. **We will continue to make changes, as necessary or appropriate, to our protocols and procedures to ensure our due diligence in making The Barton Center a viable and safe option for our families this season. We encourage you to check our website and your emails for the most up-to-date protocols prior to camp as any further changes will be posted on our website, and last-minute modifications will be emailed to you. Please contact The Barton Center directly with any COVID related questions prior to the start of camp.**

Facility Upgrades
The Barton Center will have hand sanitizer at activity areas, Winex air cleaners in each cabin, and additional upgrades to meet local and state building and health department guidelines. In addition to upgrades, we plan to increase circulation of outdoor air within buildings (via windows, doors, fans) as much as possible, unless doing so creates a hazard.

Vaccination status
All campers are highly recommended to be vaccinated. Staff are required to be vaccinated and boostered prior to the start of camp. **No exceptions to this staff requirement will be made.** If your camper tests positive prior to the start of any camp, please contact The Barton Center for further instructions.

Check-in/Drop-off Procedures
Please ensure you have sent in ALL required confirmation paperwork TWO WEEKS PRIOR TO ATTENDANCE. If we do not have all required paperwork on file, your camper will not be allowed to attend camp. The check-in process will be conducted at the Chabot Health and Education Center. Parents will accompany their child during the check-in process. After health update and collection of medications, staff will take your camper and their belongings to the program area.

Check-in Screening
Upon arrival at camp:

- Staff will perform symptom checks for all campers.
- Parent/Guardian will fill out the Camper Health Screening form to confirm their child and anyone in their household has not experienced any COVID-19 symptoms in the last 24 hours and that their child is not required to be in COVID-19 isolation or quarantine.
- Parent/Guardian must sign a written attestation regarding any household contacts to someone with COVID-19 symptoms or if they have given their child any fever reducing medication.

Pickup Procedures
Parents will check in, at which time they will meet with their camper's healthcare team member to discuss any issues/concerns while at camp. After this step has been completed, a staff member will bring you to your camper and their belongings.

Masks (Adult/Children)
Masking is not required at camp, masking is optional. The Barton Center will supply disposable masks to all campers and staff if desired.

Daily Screening
Staff will perform daily symptom checks for all campers. A rapid COVID-19 test will be administered to any camper exhibiting any symptoms or running a fever/temperature.

Sick camper or staff
If a child exhibits any symptoms of COVID-19 illness while at a Barton program, a rapid COVID test will be administered. If a camper tests positive for COVID, **they must be picked up immediately**. If test results are inconclusive, a second rapid test will be administered. If a camper tests positive, every camper in the cabin will also receive a rapid COVID test. If additional campers test positive, they will be quarantined and sent home. All campers that test negative for COVID will remain at camp and be tested again the following day. Parents will be informed if their camper tests positive. If there is close contact but the camper tests negative, parents will not be informed.

Activities
All activities will be done on site. We will clean surfaces and equipment in accordance with CDC guidance, including the cleaning of high touch surfaces twice per day. Outdoor spaces will be used as much as possible. When outdoor activities are not possible, campers will rotate through larger indoor areas.

Lost and Found Policy
In response to the COVID-19 pandemic, The Barton Center is limiting items held in lost and found, after each camp session ends.

> **Camp will only hold the following specific list of items:**
> Jackets/sweatshirts; sleeping bags, blankets, pillows; prescription glasses; durable medical equipment; prescription medication; diabetes supplies and equipment; shoes (not water shoes or sandals); backpacks. Camp will keep these items for no longer than two weeks from the end of the session, after which, these items will be donated or thrown away. Please note that these items will be held at the discretion of camp staff. Items that are soiled, damaged, or otherwise deemed not able to be safely stored will be disposed of.
>
> **Camp will not hold the following specific list of items:**
> Socks and underwear, all toiletries and toiletry bags, all swim gear including swimsuits and goggles, hats, t-shirts, pants, shorts, pajamas, washcloths and towels, water shoes including sandals, water bottles, sunglasses, flashlights and headlamps, toys, cameras, arts and crafts projects including tie dye.

THE BartonCenter FOR DIABETES EDUCATION, INC.
Inspiring Children. Empowering Families.

RETURN TO:

The Barton Center for Diabetes Education, Inc.
PO Box 356, 30 Ennis Road, North Oxford, MA 01537
Tel: (508) 987-2056, Ext. 2000

PRIMARY HEALTH CARE PROVIDER APPROVAL FORM

This form must be completed by the camper's medical provider if the physical exam form does not include a statement indicating that the camper is cleared to fully participate in sports and/or camp activities.

Camper Name: _____ Birth Date: _____ Age: _____

Fall Family Weekend ☐ Winter Camp ☐
Barton Gold Rush ☐ Color Wars Weekend ☐

Session Dates: _____ to _____

Dear Health Care Provider,

The above-named camper is registered to participate in one of The Barton Center for Diabetes Education's Residential Camp programs. These programs include several hours of moderate to intense physical activity daily; including sports.

Please verify that the above-named camper is physically capable of participating in this type of program **and attach a copy of a physical exam performed no more than 12 months prior** to the last day of the planned camp session and a signed copy of the **camper's immunization record**.

Thank you for your assistance.

- **The above-named camper is physically capable of participating in the program described above and has permission to engage in all program activities.**

_____ _____
Health Care Provider Signature Date

_____
Print Name

The Barton Center for Diabetes Education, Inc.

P.O. Box 356, 30 Ennis Road, North Oxford, MA 01537
(508) 987-2056 www.bartoncenter.org

(This release covers all 2024-2025 Barton Fall, Winter, Spring programs attended by the participants listed below.)

PUBLICITY RELEASE
Fall, Winter, Spring Programs

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

Name of program(s) attending:_____

PARTICIPANT(S)—Names of ALL family members attending program(s):

_____ _____

_____ _____

_____ _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____Date:_____

Authorization to Release Form
2024-2025 Fall, Winter, Spring Programs

Camper's Name: _____

Parent's/Guardian's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent's/Guardian's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

My child is attending:

◊ Winter Camp

◊ Color Wars Weekend

◊ Barton Gold Rush Camp

Please list the names and relationships of three people **other than yourself** who may pick your child up from camp if you are unable to. In addition, please let us know if your child is familiar with the person listed. **A picture ID is required for camper's release to all.**

Name:	**Relationship:**	**Contact Number:**	**Known by child:**
_____			Yes/No
_____			Yes/No
_____			Yes/No

Please list **ANY** person who may try to pick up your child from a Fall, Winter, Spring program without your authorization. Should an unauthorized person attempt to pick up your child, a telephone call will be made from the staff immediately to the parent/guardian. **The child will not be released from staff without parent/guardian written permission.**

_____

Parent/Guardian Signature:_____ Date:_____

The Barton Center for Diabetes Education, Inc.
P.O. Box 356, 30 Ennis Road, North Oxford, MA 01537
(508) 987-2056 www.bartoncenter.org

***PLEASE FILL OUT ONE FORM FOR EACH PERSON ATTENDING THE PROGRAM.**

(This release covers all 2024-2025 Barton Fall, Winter, Spring programs attended by participant named below.)

ACKNOWLEDGMENT AND RELEASE

I/my child wish(es) 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 me/my child or damage to my/my child's property. 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 me/my child but that my/my child's diabetes may increase some risks of participation.

On behalf of myself/my child, I voluntarily accept all risk of injury to me/my child resulting from my/his/her participation in the Program. In consideration of me/my child being permitted to participate, I, on behalf of myself/my child, family, heirs, and personal representative(s), agree to assume all of the risks and responsibilities of my/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 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 I/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.

PARTICIPANT:

Printed Name:_____Signature_____Date_____

PARENT/GUARDIAN (If under 18):

Printed Name:_____Signature_____Date_____

WITNESS TO PARENT/GUARDIAN SIGNATURE (If under 18):

Printed Name:_____Signature_____Date_____

THE BartonCenter FOR DIABETES EDUCATION, INC.
Inspiring Children. Empowering Families.™

Fall, Winter, Spring Packing List

Clothing:
- 1pair of long pants per day
- 1 pair of shorts per day
- 1 long sleeve shirt per day
- 2 pairs of socks per day
- 2 pairs of underwear per day
- 1 short sleeve shirt per day
- 1 sweatshirt
- 1 set of PJ's
- light jacket or fleece
- raincoat
- rain boots
- sneakers
- flip flops (shower shoes)

Seasonal:
- winter jacket
- 2 sets of hats and gloves
- snow boots
- snow pants

Bedding:
- pillow and case
- sleeping bag
- twin sheets
- blanket

Toiletries:
- toothbrush and toothpaste
- brush/comb
- shampoo and soap
- towel
- glasses/contacts and solution

Miscellaneous:
- flashlight
- book/journal for quiet time
- pump infusion sets, reservoirs, and batteries
- CGM supplies
- plugs to charge CGM or pumps
- water bottle

Please <u>do not</u> bring:
- Smart watches
- weapons
- items of value
- food
- drinks
- pets
- laptops
- cigarettes or nicotine delivery systems
- drugs including marijuana
- alcohol
- gang attire

* To check on our weather, please go to weather.com or use any weather app on your smart phone and use zip code 01537.

* If you have a question about whether you should bring something to camp or not, **PLEASE** call and we will let you know (508-987-2056).

* We will be restricting cell phone usage while at camp. If possible, please turn on app restrictions within the phone and prepare your child for limited accessibility.