

CAMP FLOYD ROGERS
CAMPER INFORMATION FORM

MAIL CAMPER INFORMATION FORM IMMEDIATELY TO: **CAMP FLOYD ROGERS**
Visit The Camp's Website at <http://www.campfloydrogers.com> **P.O. BOX 31536**
OMAHA, NE 68131 (402) 341-0866

Camper's Name _____ Sex Male Female

Date of Birth _____ Age _____ Grade Entering in September _____ School _____

Home Address _____ City/State _____

Zip Code _____ County _____ Home Phone (_____) _____

Father's Name _____ Home Phone(_____) _____

Address _____ City/State/Zip _____

Employer _____ Work Phone (_____) _____

Mother's Name _____ Home Phone (_____) _____

Address _____ City/State/Zip _____

Employer _____ Work Phone (_____) _____

Medical Insurance Co. _____ **Please include photocopy of card,**

Policyholder/Subscriber Name _____ **if applicable**
Subscriber ID No. _____

EMERGENCY CONTACT – If Parents Cannot Be Reached

Name _____ Relationship _____

Day Phone (_____) _____ Night Phone (_____) _____

Under no circumstances will camper be released to persons other than his/her parent or guardian unless prior arrangements are made through the Camp Director

CAMPER'S PERSONAL PHYSICIAN'S NAME _____

Address _____ Phone (_____) _____

City/State/Zip Code _____

Medical Records Summary
(To Be Completed By Parent/Guardian of Camper)

Onset of Diabetes: Month _____ Day _____ Year _____ Age _____

INSULIN *VERY IMPORTANT* MUST BE COMPLETED

INSULIN: Please choose an underlined brand and then check types used

LILLY REGULAR LENTE NPH ULTRALENTE HUMALOG (Lispro)

NOVO-NORDISK REGULAR LENTE NPH NOVOLOG

Lantus OTHER: BRAND _____ TYPE _____

Prescriptions or special medications (other than insulin) should be labeled clearly and brought to Camp. They will be returned to you at the end of Camp.

PUMP USER FILL OUT: INSULIN PUMP INFORMATION 2011 Form and BRING TO CAMP ON OPENING DAY JUNE 18, 2011

CAMPER'S NAME _____

DIET INFORMATION FILL OUT: CAMPER MEAL PLAN INFORMATION BRING TO OPENING DAY

Camper's: Height _____ Weight _____ Age _____

Dietary Restrictions: _____

Eating Problems: _____

GENERAL DIET: No formal diet/food plan followed at home.

CAMPER IS A VEGETARIAN – List foods avoided: _____

DAILY INSULIN DOSAGE: Please indicate number of units taken and provide sliding scale if applicable:

Before Breakfast:	Regular _____ Units	NPH _____ Units	Other _____ Units	
				REGULAR or HUMALOG Insulin Sliding Scale

Before Lunch:	Regular _____ Units	NPH _____ Units	Other _____ Units	
Before Dinner:	Regular _____ Units	NPH _____ Units	Other _____ Units	Who administers camper's injections? _____
Bedtime:	Regular _____ Units	NPH _____ Units		Most recent glycohemoglobin (HbA1c) Test not done <input type="checkbox"/>
				Date _____ Results _____ Lab Norms _____

1. Does camper recognize low blood sugar? NO YES
List usual signs and symptoms of low blood sugar _____

How often does this occur? _____ Time of day? _____

2. Other than diabetes, are there any health problems or conditions that camper is currently under medical care for? NO YES List ALL medications other than insulin and dosages: _____

3. Has camper been in the hospital other than when diagnosed or within the past year? NO YES
If Yes, give reason and date: _____

4. Any reasons for limiting physical activity? NO YES, Please explain: _____

5. (For Females) Has this person menstruated?
 YES Are there any special considerations during menses? _____
 NO If not, has she been told about it? _____

If you learn of camper's exposure to a communicable disease during the three weeks before the start of camp, **Please Notify the Camp Director immediately at (402)341-0866** . Any illness or skin infection should be investigated **BEFORE** your departure for Camp.

History of: Seizures Fainting Epilepsy Ear Discharge
 Sinus Infection Frequent Colds Frequent Sore Throats
 Others List _____

Camper Wears: Contact Lenses Eyeglasses Dental Appliances Hearing Aid

CAMPER'S NAME _____

Drug Sensitivity (List) _____

Severe Reactions to Insect Bites (List) _____

Allergies (List) _____

Other Important Info: _____

SOCIAL SUMMARY

We are asking for the following confidential information in order to be most helpful to your camper in his/her adjustment to camp and to gain the most from this experience. Some of this information may not apply to teens, so please complete all appropriate information. **This information is shared only with the staff supervising your child.**

Camper's Age _____ Any Brothers? _____ Ages? _____ Sisters? _____ Ages? _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Child Lives with (Check One) Both Parents Mother Father Other – Relationship _____

Onset of diabetes: Month _____ Year _____ Age _____

Has your child been away from home before? Yes No How Long? _____

Has your child ever been to Diabetes Camp before? Yes No Number of Years _____

What do you hope your child will gain from this camp experience? _____

My child would like to share a cabin with _____

(We will try to honor requests. Campers are generally assigned cabins according to age, sex and grade in Fall)

How does your child feel about coming to camp? _____

Please take time to comment about your child's health (any eating problems, fears, or activities in which they cannot participate) _____

Please provide any other information, suggestions or disciplinary ideas that will help the counselor provide your child with a positive experience at camp. _____

My child wets his/her bed YES NO How do you handle it? _____

Please comment briefly after any relevant statements below:

My child uses his/her diabetes in a manipulative manner _____

My child adjusts easily to new situations _____

My child has fears and/or nightmares _____

My child has trouble dealing with rules and/or adults _____

My child does not relate well to other children _____

My child takes responsibility for his/her diabetes care _____

My child acts younger than his/her age _____

There has been a significant change in my child's life in the past few months (e.g. moving, divorce, death, etc.)

Yes No COMMENTS _____

Parent(Guardian)Signature _____ Date _____

MAIL CAMPER INFORMATION FORM IMMEDIATELY TO: CAMP FLOYD ROGERS

Visit The Camp's Website at <http://www.campfloydrogers.com>

P.O. BOX 31536

Call or e-mail office any questions: campfloydrogers@cox.net

OMAHA, NE 68131

(402) 341-0866