



Forms A-C must be completed and sent to the Camp Floyd Rogers office and postmarked by June 1st.

Camp Floyd Rogers
PO BOX 541058
Omaha, NE 68154

NOTE! The forms typically require \$.70 postage in a standard #10 envelope and \$1.19 in a 9" x 12" envelope.

- A. Camp Floyd Rogers Health History and Physical Exam Form
- B. Camp Floyd Rogers Camper Meal Plan Worksheet

NOTE! The above forms require the signature of the camper's licensed medical professional. An appointment should be made as soon as possible. The forms will not be accepted without a medical professional's signature.

- C. Camper Behavior Agreement Rules & Regulations

NOTE! The Camper Behavior Agreement form must be signed by both the camper and the parent/guardian. The Camper Behavior Agreement establishes the understanding to abide by the items outlined in the Camp Floyd Rogers Handbook.

- D. The Floyd Rogers Diabetic Foundation Walk Donation Form

Help us keep the Camp Floyd Rogers traditions alive! Please talk with friends, family and use social media to help us raise money for Camp Floyd Rogers. All funds raised directly benefit Camp Floyd Rogers and its campers. The walk is part of the reason the fee to attend Camp Floyd Rogers is \$550 when the actual cost is in excess of \$1100 per camper. The Floyd Rogers Diabetic Foundation is a 501(c)3 nonprofit organization. All contributions are tax-deductible to the extent allowed by law.

NOTE! Form D must be completed and turned in at check in with all money raised.

Please send online contacts to the donations page found at www.campfloydrogers.com/walk.html. Donations for all cabins are totaled with the top cabins receiving special prizes and event while at camp.

Thank you,

Carrie Busing, Camp Director
Camp Floyd Rogers
director@campfloydrogers.com
(402) 885-9022

Camp Floyd Rogers

Health History and Physical Exam Form

This form consists of three sections: Section 1--Camper/Contact information, Section 2--Health History and Medical Consent, and Section 3--Medical Evaluation and Clearance. Sections 1 & 2 should be completed by the camper's parent(s) or guardian. Section 3 should be completed by the camper's physician or licensed medical provider (MD, DO, APRN, PA)

Section 1--Camper/Contact Information

To be completed by the camper's parent(s) or guardian

Camper Name _____ Date of Birth _____ Gender: M F
Last First Middle mm/dd/yyyy

Home address _____
Street Address City State Zip code

First Parent/Guardian _____

Address (if different from camper) _____

Home Phone _____ Mobile phone _____ Work Phone _____

Second parent/Guardian _____

Address (if different from above) _____

Home Phone _____ Mobile phone _____ Work Phone _____

If not available in an emergency, notify _____

Relationship _____ Phone _____

In the event that we need to contact a parent during the week of camp, please indicate which numbers you prefer us to try first, second and third.

1. _____ 2. _____ 3. _____

Insurance Information

Is the participant covered by family medical/hospital insurance? _____ Yes _____ No

If so, name of carrier _____ Group # _____

Photocopy of the front and back of the health insurance card must be attached to this form.

Section 2--Health History and Medical Consent

To be completed by the camper's parent(s) or guardian

Please attach a copy of the camper's immunization record

Does the camp participant have (of have a history of) any of the following? Please answer "yes" or "no" to each question. Please explain any "yes" answers in the space provided below or on a separate sheet of paper, if necessary.

	Yes	No
1. Any recent illness or injury?	___	___
2. Any chronic or recurring illness (other than diabetes)?	___	___
3. Any hospitalizations in the past year?	___	___
4. Any concussions or serious head injuries?	___	___
5. Had episodes of dizziness, passing out or chest pain with exercise?	___	___
6. Had any heart problems (high/low blood pressure, murmur, etc.)?	___	___
7. Any history of surgeries?	___	___
8. Any history of asthma or respiratory problems?	___	___
9. Any history of seizures?	___	___
10. Any current problems with bedwetting?	___	___
11. Any need for corrective lenses (glasses or contacts)?	___	___
12. Any behavioral or emotional problems requiring professional help?	___	___
13. Any dietary restriction (food allergies/intolerance, gluten sensitivity, etc)?	___	___
14. Any other health history you feel is relevant to mention?	___	___

Comments_____

Allergies

Does the participant have any allergies to medications? Y N

Does the participant have any environmental allergies (pollen, bee stings, etc.)? Y N

Does the participant have any food allergies? Y N

If "yes" to any of the above, please list allergies, usual reactions, and treatments necessary _____

Medications

Please list any medications the participant is currently taking (excluding insulin), including the dose and times given.

Medical Team

Name of Primary Care Physician _____ Phone _____

Physician Managing Diabetes (if different) _____ Phone _____

Name of dentist _____ Phone _____

To be completed by the camper's parent(s) or guardian

This health history is correct and complete to the best of my knowledge. The person herein named has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the camp be treated as acting in loco parentis if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

Initial_____

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian_____

Printed Name_____Date_____

I also understand and agree to abide by all camp rules and will accept any restrictions placed on my participation in camp activities.

Signature of camper_____

Printed Name_____Date_____

Section 3--Physical exam and certification by Licensed Professional

To be completed by the camper's physician or licensed medical provider (MD, DO, APRN, PA)

Patient Name _____ Age _____

Height _____ Weight _____ HR _____ RR _____ BP _____

Recommendations:

Treatments to be continued at camp _____

Medically prescribed meal plan or dietary restrictions _____

Limitations on camp activities _____

Additional information for camp staff _____

I have reviewed the medical history and examined the above patient and find that they are fit and able to participate in an active camp program.

Signature of Licensed Medical Provider _____

Printed Name _____ Date _____

Address _____ Phone _____

Camp Floyd Rogers

Camper Meal Plan Worksheet

Camper Name _____

Gender _____ Age _____ Height _____ Weight _____

Is the camper able to count carbs independently? _____

If known, what is the average number of calories in the camper's mealplan on a typical day. _____

Please give us an estimate of carb grams in a typical day.

Breakfast _____ Lunch _____ Dinner _____

Snacks: Morning _____ Afternoon _____ Bedtime _____

List allergies or intolerances (not dislikes) to specific foods:

What types of reactions does the camp have to foods listed above:

If you have any questions or issues you would like to discuss with the dietitians, please list them on the other side of this form.



Camper Behavior Agreement Rules & Regulations

I _____ (camper) agree to follow the rules and regulations outlined in the Camp Floyd Rogers Code of Conduct handbook located on the camp website. I understand that if I do not agree or do not follow the code of conduct, I will be denied entrance to camp or sent home before the camp week has ended without a refund. I understand that these rules and regulations listed in the handbook include but are not limited to the following items/policies:

- I. Campership & Scholarship Policy
- II. Cancellation Policy
- III. Check-In Policy
- IV. Electronic Devices Policy
- V. Dress Code Policy
- VI. Personal Hygiene Policy
- VII. Activity Participation Policy
- VIII. Violence or Physical Contact Policy
- IX. Foul Language Policy
- X. Bullying/Harassment Policy
- XI. Buddy System Policy
- XII. Meal & Snack Procedures Policy
- XIII. Blood Glucose Testing Policy
- XIV. Insulin Administration Policy
- XV. Safety Procedures Policy
- XVI. Drug, Tobacco, & Alcohol Policy
- XVII. Public Display of Affection Policy

I _____ (parent/guardian) agree that my child attending Camp Floyd Rogers is responsible for the above information. I understand that if my child does not agree to follow the code of conduct, they will be denied acceptance to camp. I understand that if the code of conduct is broken while attending camp, they could be sent home before the camp week has ended without a refund. I understand if I require a printed copy of the Code of Conduct Handbook I can request one by emailing director@campfloydrogers.com.

Parent Signature _____ Camper Signature _____

Office Use Only: ___Signed & mailed before camp ___Signed at camp registration

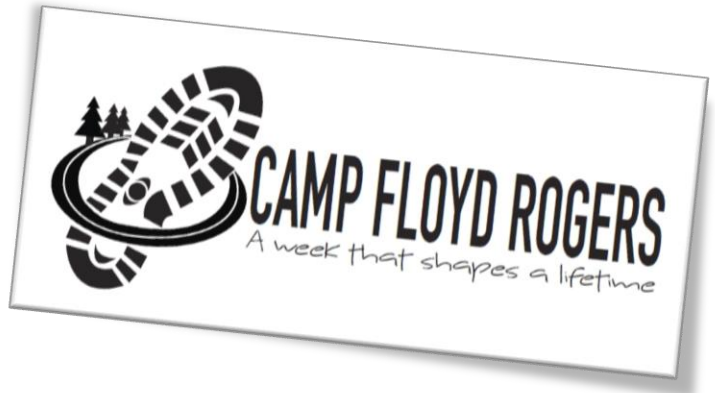
The Floyd Rogers Diabetic Foundation

CAMPER NAME:

Camp Floyd Rogers is a camp for children with Type 1 Diabetes. For one week in June, over one hundred youth aged eight to seventeen take up residence here to make friends, enjoy summer activities, and learn more about diabetes.

Please talk with friends, family and use social media to help us raise money for the Floyd Rogers Diabetic Foundation. All funds raised directly benefit Camp Floyd Rogers and its campers.

Donations are totaled by cabin with at least the top 3 cabins provided a special prize and event. The Floyd Rogers Diabetic Foundation is a 501(c)(3) nonprofit organization tax ID 47-0592289. All contributions are tax-deductible to the extent allowed by law.



Donate here or online at www.campfloydrogers.com

NAME	ADDRESS	DONATION

TOTAL FORM DONATIONS:

TOTAL DONATIONS ON PAGE:

