

CAMP JORDAN FOR CAMPER'S WITH DIABETES - 2009

Dear families interested in Camp Jordan,

We are glad you are considering joining us for our 45th camping season. More than 1,000 children with diabetes have found fun, friendship, and encouragement in a safe atmosphere where the other campers know what it feels like to have to check blood sugar and get injections everyday. The physicians, diabetes educators, dietitians, and caring counselors and program staff all work together to help every camper experience success, independence, and have a great time.

Enclosed are the application forms for your child to attend Camp Jordan. Please look over all forms carefully. **Forms #1, 2, 3 should be completed and returned as soon as possible with a \$100 non-refundable deposit.** Spaces are limited and the camp fills quickly. In addition, there is a \$15 discount when the full camp fee accompanies the registration forms, and an additional discount of \$10 for registrations received by April 30. **The balance of the camper fees is due July 1.** There is a \$25 late fee added to balances not received by July 1. **Campers using a pump** will be sent another form to be filled out by the campers' diabetes doctor. **Please indicate clearly on registration forms if your camper uses a pump.**

Send forms #1, #2, #3 to: Camp Jordan c/o Makemie Woods
P.O. Box 39
Barhamsville VA 23011

Please make checks payable to "Presbytery of Eastern Virginia." Checks made out any other way will delay processing your application. Payment by credit card can be made through the online service PayPal, following the instructions on the application. A limited number of partial and full camperships are available from the West Central Richmond Optimist Club for campers who need financial assistance (see enclosed materials), and certain campers may also be eligible for the Bertha Snyder Fund. We strongly encourage camper parents to seek out funds from schools, local clubs, and social services.

Refund policy: Full refund less the \$100 non-refundable deposit will be considered only if written cancellation is received by July 1. A partial refund may be considered after that date due to camper illness or death in the family.

Camp Store: The Camp Store sells items such as stuffed critters, bandanas, necklaces, and other souvenirs from camp. The Camp Store also sells diet soda, one per camper per day, at lunchtime. There is a space on the registration form to place money in your camper's account ahead of time, saving time on registration day. Camp Store money will not be collected the day of arrival at Camp Jordan. Most Camp Jordan campers have around \$25 placed in their account. The remaining money can either be returned to you or donated to the camp program. Donated Camp Store money has purchased sports equipment; Witherspoon, one of our snakes; and most recently, archery equipment.

Camp Jordan is a special program hosted by Makemie Woods, a Christian camp operated by the Presbytery of Eastern Virginia. Religious programming is available to Camp Jordan campers if they desire it, but it is not required. It is possible for siblings who do not have diabetes to attend a one-week Makemie Woods program at the same time as Camp Jordan. Interested families should call the camp office 800-566-1496 for a Makemie Woods summer camp brochure, or visit the web site at www.makwoods.org

Please plan to bring your child and the completed Form #4 (included in your confirmation packet) on Thursday, July 16 between 1-2 p.m. and to pick up your child on Saturday, July 25 at 9:30 am. (Beginner campers are to be picked up at 7:30 pm on Saturday, July 18.) Please plan time at pick-up to discuss with the medical staff what has happened during camp and to review your child's records.

Camp Jordan is possible only because of these efforts:

- the numerous medical volunteers who give their time both at camp and in the many preparations
 - members of the West Central Richmond Optimists Club, underwriters of the camp's operational expenses
 - the generosity of the pharmaceutical companies who supply the insulin and other necessary products
 - donations from individuals, families and organizations who are concerned about Virginia's children with diabetes.
- Tax-deductible contributions should be made out to "Camp Jordan," and sent to: Camp Jordan, PO Box 9346, Richmond VA 23227-0181

Thank you, too, for your support of this program. See you at camp!

The Rev. Michelle "Mike" Burcher
Program Director for Camp Jordan, Director of Makemie Woods

Questions about registration or the camp program should be directed to the Makemie Woods Office Tues- Fri, 9:30 - 5:00:

1-800-566-1496

E-mail: makwoods@makwoods.org

(Put "Camp Jordan" in the subject line)

Medical questions should be directed to Dr. Marta Satin-Smith:

E-mail: marta.satinsmith@chkd.org

757-668-9789

CAMPER'S NAME _____ Sex ____ Date of birth _____

Prefers to be called _____ School grade in fall _____

Address _____

City _____ State _____ Zip Code _____ Home phone () _____

Parent/guardian name(s) _____

Address (if different from above) _____ Cell phone: _____

Occupation _____ Work phone(s) _____

FAX: _____ located at: _____ E-mail: _____

Camper's diabetes doctor _____ Address: _____

City _____ Phone: _____

(This physician should fill out form # 2)

1. Has your child ever been away from home overnight (other than with relatives or in the hospital)? _____
Has your child ever been to Camp Jordan? (give years) _____
Ever been to another summer camp? ____ (name of camp) _____

2. Any other medical conditions present besides diabetes? ____
If yes, describe

3. Has your child been diagnosed with ADD, ADHD or any learning disabilities? ____ If yes, describe:
Does your child take medication for this? ____

4. Does your child wet the bed? ____ If yes, how often? _____

5. Does your child give his/her own insulin? ____ No ____ Yes
Does your child do his/her own blood tests? ____ No ____ Yes
Comments _____

6. Does your child swim? ____ What are some of his or her favorite hobbies or interests?

7. Please use the space below for any additional information you feel would be useful to the camp staff: (attach additional sheets if desired)

Camper _____ Date of Birth _____ Sex _____
 Last First M/I

CAMPING PROGRAM REQUESTED (check one only!):

- Beginner Explorers (3 days for rising 3rd - 5th graders)
 Elementary Explorers (for rising 4th - 6th graders)
 Pioneers (For rising 7th - 10th graders)
 Canoe Adventure (rising 9th - 10th graders)

Camperships are available but are limited. So we can help those families who are the most needy, those requesting a campership should complete and send the Campership Application form with this registration. For more information on camperships, call Norma Hayes at 804-730-9559.

Camp Fee:	_____	\$889 for 10 day camps, \$409 for 3 days (insulin, meters, strips and syringes are supplied by manufacturers, <u>please read the medical forms thoroughly to determine supplies/equipment you will need to provide</u>)
Early Registration Discount:	_____ -	Subtract \$10 if registration is postmarked by April 30.
Advanced Payment Discount:	_____ -	Subtract \$15 if full payment accompanies registration form.
Deposit enclosed:	_____ -	Enter amount enclosed or amount you are charging to your credit card through PayPal. This amount must be at least \$100 (or \$50 if a full scholarship is being requested—the \$50 will be returned if for some reason the scholarship is not granted).
Scholarship requested:	_____ -	Enter amount from line 5 of the campership application
Camp Store deposit:	_____ +	Enter the amount you wish your camper to have in their Camp Store account. Remaining money may be _____ donated or _____ returned to you. (Please check which you prefer.)
Balance Due:	_____	Balance is due no later than July 1 to avoid \$25 late fee.

Signature: _____ Date _____

FORM MUST BE COMPLETED AND RETURNED WITH DEPOSIT AND FORMS 2 & 3 TO:

Camp Jordan c/o Makemie Woods
 P.O. Box 39
 Barhamsville VA 23011
 FAX: 757-566-8803 (If faxed, the original forms must also be mailed).

Make checks payable to “Presbytery of Eastern Virginia.”

Checks made out any other way will delay processing your application.

Amount sending by check, or processing through PayPal: \$_____



PayPal: To better serve our parents, we are using the secure online service PayPal for credit card payments. All major cards accepted, only a valid e-mail address is required. The camp no longer takes credit card information directly. To pay, go to www.makwoods.org/cjordan/paypal

FORM # 2: CAMP JORDAN: MEDICAL INFORMATION
(TO BE FILLED OUT BY CAMPER'S DIABETES DOCTOR -- Note: This is a 4 page document)

Name of camper _____ Sex ___ Birth date _____

Physician's name _____ Office phone _____

Address _____

1. When was diabetes first diagnosed? (Month/year) _____

2. Does this camper use a pump? ___ *Must complete pump information later in this document.*

3. Diabetic control: General range of reported BG tests _____

Please report a glycohemoglobin (Hb A1 or A1c) done between Jan. 1 and July 1:

Date: _____ Result: _____% Normal range: _____-

Frequency of hypoglycemia: _____ Any unusual symptoms or predisposition to seizures or loss of consciousness? _____ If yes, please describe:

4. Does child have other chronic medical conditions other than diabetes? ___ If yes, please describe:

5. Does child have attention deficit disorder (ADD) or hyperactivity (ADHD)? _____

6. Other medications child is taking (name, indication, dosage):

7. Hospitalizations in past 12 months (please indicate reasons):

8. Known Allergies: _____

9. Date of last tetanus immunization, if known _____

10. EMOTIONAL PROBLEMS: (This camp is not staffed to handle severe emotional problems and learning disabilities):

11. Compliance with diabetic regimen (circle): good / fair / poor
Comments:

12. Are there any special circumstances which might make diabetes camp especially helpful for this child?

(Please complete reverse side)

Note: To simplify the registration process on the first day of camp, we are asking you to complete and record a physical exam on your patient in your office.

Name _____

Height _____ Weight _____ BP ____/____

Skin: any lipohypertrophy? _____

other skin changes _____

HEENT: normal ____ abnormal (please describe) _____

Lymph nodes: normal ____ enlarged (describe) _____

Lungs: normal ____ abnormal _____

Cardiac: normal ____ abnormal _____

Abdomen: normal ____ abnormal _____

any hepatomegaly? _____

Extremities: any pain or tenderness? ____ describe _____

Other significant findings:

PHYSICIAN'S SIGNATURE _____ **DATE OF EXAM** _____

Physician's address: _____

Phone: _____

(Along with part 2 of this form, please give to parents to send to Camp Jordan with other forms. If necessary to fax: 757-566-8803)

FORM # 2 continued: CAMP JORDAN: MEDICAL INFORMATION (Part 2—Insulin Information)

Name of Camper: _____

Current Insulin Schedule & Doses: (specify if not using human insulin)

Using chart below, please give detailed description of regimen with time and types of insulin used. If your child is on multiple daily injections/Intensive management or an insulin pump, please complete info below chart. *If you are using a Luxura, Memoir, Pen Jr. or an Inject-Ease to administer insulin, please, bring this device to camp.*

Insulin Brand (please circle)	Rapid or Short Acting Insulin	Intermediate Acting Insulin	Mixed Insulin	Long Acting Insulin
Novo Nordisk	Novolog FlexPen or Vial or Cartridge AM dose _____ PM dose _____ Regular AM dose _____ PM dose _____	NPH AM dose _____ PM dose _____ Bedtime _____	70/30 Pen or Vial AM dose _____ PM dose _____ 70/30 Mix Pen or Vial AM dose _____ PM dose _____	Levemir Pen or Vial Time _____ Dose _____
Lilly	Humalog Pen or Vial or Cartridge AM dose _____ PM dose _____ Regular AM dose _____ PM dose _____	NPH AM dose _____ PM dose _____ Bedtime _____	70/30 Pen or Vial AM dose _____ PM dose _____ 75/25 Pen or Vial AM dose _____ PM dose _____ 50/50 Pen or Vial AM dose _____ PM dose _____	
Aventis	Apidra Pen or Vial or Cartridge AM dose _____ PM dose _____			Lantus Solostar or Vial Time _____ Dose _____

I : CHO Ratio (Insulin:Carb)	Breakfast _____	Correction Factor/ Sensitivity (how much does 1 unit lower BG?)	Day time: _____	Target BG:	
	Lunch _____		Night time: _____		Daytime: _____
	Dinner _____				Night time: _____
	Snacks _____				

FORM # 2--Continued: CAMP JORDAN: MEDICAL INFORMATION (Part 2, pg 2—Insulin Information)

Camper Name: _____

For Insulin Pump Users Only:

We MUST know the type of pump & sets used in order for those supplies to be provided at camp, otherwise we will not have your supplies.

Please indicate Pump Brand & Model Number (circle):

(Found on Back of your pump)

Medtronic/MiniMed 508
 Medtronic Paradigm 511 512 515 715 522 722
 Deltec/Cozmo 1700 1800
 Animas 1000 1200 1250 2020
 OmniPod
 Other: _____

Please indicate type of set used in insulin pump (circle):

Silhouette Tender Comfort Rapid Sof-set UltraFlex
 Quick-Set Inset Inset 30 Cleo Sure-T/Contact Detach Bent Needle

Length of Tubing: 23-24 (60mm) 32-36 (80mm) 42-44 (110mm)

Length of Canula: 6mm 9mm 13mm 17mm

Time (am/pm)	Basal Rate

Type of Insulin Used in Pump (circle):

Novolog
 Humalog
 Apidra

Continuous Glucose Sensor (circle): DexCom Medtronic Guardian Medtronic RT

****Sensors will not be provided by the camp, please, bring twice the number that you would normally wear for your camp session (A minimum of 3 sensors should be brought to camp). Because of the potential for hot & humid weather, we will store the sensors in the Camp Jordan medical building during camp. Any sensors not used will be returned at the end of camp (if campers remember to ask for them at check out on the last day of camp).**

FORM # 3 (To be filled out by parent or guardian and NOTARIZED—please do not fill out this form unless a notary public is present!)

Camper's name _____

IN CASE OF MEDICAL EMERGENCY:

The undersigned, as parent or legal guardian of the child named above, hereby authorizes the camp physicians to hospitalize, secure treatment for, transport, and/or to order anesthesia, surgery or other medical care for the child as the circumstances may require, and the camp personnel are authorized to notify the undersigned of any such medical emergency at the phone number listed below.

PARENT OR GUARDIAN'S SIGNATURE _____

PHONE NUMBER _____ **DATE** _____

Please give an alternate name and telephone number in the event the parent or guardian cannot be reached:

NAME _____ **PHONE()** _____

RELATIONSHIP TO CAMPER _____

TRIP PERMISSION:

Camper's name _____ has my permission to leave the grounds of Makemie Woods (Camp Jordan) accompanied by and supervised by program staff.

Signature of parent/guardian _____ Date _____

CONSENT FOR FILMING OR PHOTOGRAPHY: In the past, local TV stations and papers have visited the camp to film our campers and let the public know about our program. We would like for you to sign the following release allowing your child to be filmed and interviewed.

I hereby consent that photographs, videotapes, movies, and the name of _____ may be used on T.V., in newspapers and in any publications for the purpose of advertising Camp Jordan.

Signature _____ Date: _____

ASSUMPTION OF RISK: Many camp activities involve some risk, including but not limited to those risks usually associated with swimming, hiking in a forest, boating, playing active games, and cooking over a fire, and being transported off-site for programs or emergencies. The camp has established rules and guidelines for campers to help provide a safe environment and minimize these risks.

I understand and assume the risks involved with the Camp Jordan program, I will read all information sent to me, and I will explain the camp rules and guidelines to this camper prior to arriving at camp.

Signature of parent/guardian _____ Date _____

NOTARIZATION OF PARENT'S/GUARDIAN'S SIGNATURE IN ALL FOUR SPACES ABOVE:

STATE OF _____ COUNTY _____ SUBSCRIBED AND SWORN BEFORE ME

THIS ____ DAY OF _____, 20 ____

NOTARY PUBLIC _____ MY COMMISSION EXPIRES _____

CAMBERSHIP APPLICATION

These camperships are intended for campers who would not be able to afford to come to camp unless they received assistance. Please give this careful consideration. Expect that it will take approximately five weeks for campership awards to be determined.

Please complete the following information and return with the registration form. Two signatures are requested: the parent/guardian and doctor, social worker, pastor, or civic club president.

Name of Camper: _____

Camper's Address: _____

Name of Parent or Guardian: _____

Home Phone: _____ Parent/Guardian Work/Mobile Phone: _____

- | | | |
|----|---|------------|
| 1. | Camp Session Fee | \$ _____ |
| 2. | Registration Fee (\$50 for full scholarship, \$100 for partial) | \$ - _____ |
| 3. | Amount Family Can Contribute | \$ - _____ |
| 4. | Amount Available from Other Sources | \$ - _____ |
| 5. | Amount Requested from Campership Fund | \$ _____ |

PARENT/GUARDIAN SIGNATURE: _____

To be completed by doctor, pastor, social worker, or civic club president:

**I feel the camper named above would not be able to attend camp without financial assistance.
Please grant the requested campership.**

Signature: _____

Position or Title: _____

Please print name and position/title: _____

(Please feel free to use the back of this form to give any information you feel would be helpful to the Campership Committee. This information will be kept confidential.)

Mail to:

**Camp Jordan c/o Makemie Woods
P. O. Box 39
Barhamsville, VA 23011**