Diabetes Services

Lance-a-Lot Teen 2018

September 21 – September 23

Child's Name:
Date of Birth: _____/_____/_____
Parent/Guardian(s) Name:
Mailing Address:
Home Phone Number:
Contact number during program running time:
E-mail address:
Alternate Pick up:
Relationship:
Contact number during program running time:

Please list child's medical diagnosis (if any):_____

Child's dietary restrictions, special needs, or physical limitations: _____

_____

Child's allergies (if any): _____

_____

Has the participant been treated or hospitalized in the last 24 months? If yes, for what injury or illness?_____

Authorization to Administer Medication

I authorize appropriately qualified program staff at Wentworth-Douglass Hospital to administer the following medications, including over the counter medications, to my child: *(please send with child)*

Medication	**Amount**	**Times**
Insulin	Per ratios/scale	per schedule
Glucagon	1 mg	emergency only

I give permission for my child to share our contact information with other campers: Yes ☐ No ☐

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

Child's Name:_____ Date of Birth: _____/_____/_____

GENERAL:

Date of Diagnosis of Diabetes _____ Height _____ Weight _____

Immunizations up to date? (*circle one)* Y N Explain: _____

_____

Is there anything specific that your child would like to learn this week? _____

_____

Any issues that would be important for Camp Staff to know about? Y N Explain: _____

_____

DIET TYPE: ☐ Carbohydrate Counting ☐ Other: _____

Do they have any food allergies? Food & Symptoms: _____

BLOOD SUGAR:

How often they check their blood sugar? (*Times*): _____

Meter/CGM type: _____ Last Hemoglobin A1C Date/result):_____

What # is their blood sugar when they feel low? _____ Ever had glucagon? Y N Date:_____

Symptoms of low blood sugar: _____

Symptoms of high blood sugar: _____

MEDICATON:

Insulin Schedule

Ins:CHO ratio or insulin dose:

Am Snack _____

Lunch _____

Pm Snack _____

Correction factor: _____

Correct @ am snack? *(circle)* Y N
Correct @ lunch? *(circle)* Y N
Correct @ pm snack? *(circle)* Y N

Target BS: _____

OR

Snack Scale Lunch Scale__

Pump Regimen

Basal Times	Rates
Insulin: Carbohydrate Ratio	
Correction Factor	
Target BS	

Adjust dose prior to activity/swimming? *(circle)* Y N Instructions: _____

_____

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

Release
I agree not to bring any claim or suit against Wentworth-Douglass Hospital and The American Youth Foundation Merrowvista on behalf of my child for any injury or harm sustained by any event short of a criminal act, and then only the criminal shall be the subject of such a claim. I further agree that I will not cause to be brought, or encourage, a claim or suit. I also agree not to cooperate in the bringing of such a suit or claim except insofar as I may legally be required to do so. Finally, I shall indemnify Wentworth-Douglass Hospital and any and all defendants covered by this agreement for all judgments, costs, attorney fees, and other expenses incurred as a result of a breach of this agreement.

In consideration for your purposes, objectives, and work, and in consideration of your permission to participate in the Diabetes Services Children's program, on behalf of myself, my heirs, executors, administrators, and assigns, I hereby waive and release any and all rights and claims for damages which I may have against you, as well as any other person connected with the program, their executors, administrators, successors, and assigns for any and all injuries which my child may suffer while taking part in the event or result thereof.

I hereby give my permission to representatives of the Diabetes Services Children's program to render usual and customary healthcare, including medication as needed, based on the instructions received from family based on the child's home schedule, as represented under *Authorization to Administer Medication*. I understand that any part of my child's medical records may be used for medical care and related purposes. In addition, in the case of an emergency, I authorize program staff to obtain necessary medical care.

Responsibility for Medical Expenses
The undersigned hereby agrees to be solely responsible for all medical and health expenses incurred in any way in connection with the attendance and participation at this program, including but not limited to those incurred in connection with travel to or from the location. The undersigned agrees to indemnify and hold harmless Wentworth-Douglass Hospital and The American Youth Foundation Merrowvista on any claim or liability for payment of such medical or health expenses.

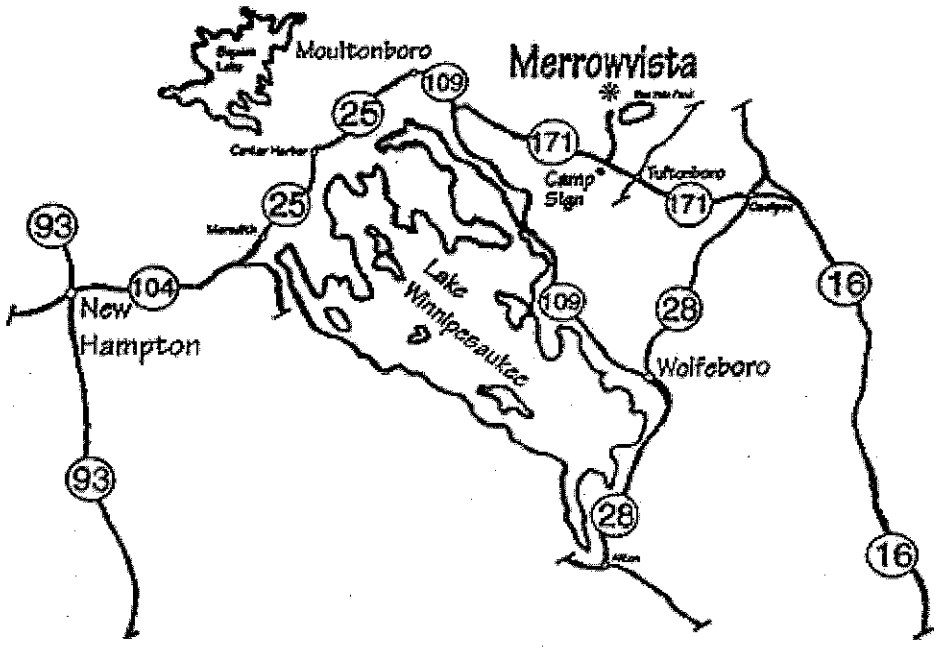
Photo Authorization/Release
I hereby grant full permission for organizer to use photographs of participation in legitimate accounts and promotions of Wentworth-Douglass Hospital programs (brochures, magazine, WDH social media channels, presentations, etc.).

Durability
This document is effective from the date signed for one year.

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

American Youth Foundation - Merrowvista

147 Canaan Rd.
Center Tuftonboro, NH 03816
Directions



From Boston, Massachusetts: Take I-95 North to Portsmouth, NH. Proceed North on Spaulding Turnpike and Route 16 to Ossipee, NH. Turn left onto Route 171 West. Continue on Route 171 through Ossipee, across Route 28, approximately 8 miles to rural crossroads (Tuftonboro Corner). Continue straight .5 miles downhill to the camp sign on the left. Turn right onto Canaan Road and follow the paved and gravel road 2.1 miles.

From Wolfeboro, New Hampshire: Take Route 28 North 9.6 miles to Route 171. Turn left onto Route 171 West and proceed 6.4 miles to rural crossroads (Tuftonboro Corner). Continue straight .5 miles downhill to the camp sign on the left. Turn right onto Canaan Road and follow the paved and gravel road 2.1 miles.

From Western New Hampshire and Vermont: Exit off I-93 at New Hampton and take Route 104 East to Meredith. When 104 comes to a 'T' in Meredith at the traffic light, go left on Route 3 through Meredith. At the next traffic light go right on Route 25 to Moultonboro. Take Route 109 East, on your right, 2.3 miles. Then bear left on Route 171, proceeding 7.1 miles to the camp sign on your right. Turn left onto Canaan Road and follow the paved and gravel road 2.1 miles.

From Portland, Maine: Take Route 25 West towards Gorham and follow this until the Ossipee area. Take Route 16 South. Take Route 28 South. Turn right on Route 171 and follow this for approximately 7.1 miles to the camp sign on the left. Turn right onto Canaan Road and follow the paved and gravel road 2.1 miles.

If you get lost, have last minute questions, or will be arriving late to Merrowvista, please contact the staff in one of the following ways:

1. Call Merrowvista (603) 539-6607
3. Call the main office number and follow the prompts to activate the emergency beeper system

American Youth Foundation
Merrowvista
147 Canaan Road, Ctr. Tuftonboro, NH 03816
603-539-6607 • 603-539-7504 (fax)
www.ayf.com

Please answer all questions thoroughly; review the statement on the back and sign. This information is important for you and your child's safety. All information will be kept **confidential** unless needed in an emergency situation. Please provide all information to ensure the participant receives quality care.

Health History Form

Biographical Information

School, Program or Group Name:_____ Date(s) of Program:_____

Participant's Name:_____ Date of Birth:_____ Gender:_____

Address:_____ City:_____ State:_____ Zip:_____

Health History Information

Has participant experienced any of the following (please provide further explanation below):

- ☐ Allergy to bee stings
- ☐ Allergy to medication
- ☐ Allergy to foods
- ☐ Arthritis
- ☐ Asthma
- ☐ Back condition
- ☐ Balance problems
- ☐ Bed wetting
- ☐ Chronic illness
- ☐ Developmental disability
- ☐ Diabetes
- ☐ Epilepsy/Seizures
- ☐ Fainting spells
- ☐ Frequent colds
- ☐ Head injury
- ☐ Heart disease/defect
- ☐ Hemophilia
- ☐ Hypertension
- ☐ Kidney problems
- ☐ Lung disease
- ☐ Rheumatic fever
- ☐ Sleep walking
- ☐ Strokes
- ☐ Other:_____

If any of the above boxes are checked, please explain:_____

_____

1. Is the participant taking any medications? ☐ Yes ☐ No If yes, explain and list all medications, dosages and times:
   _____
   _____
2. Does the participant have any sensory, cognitive or physical disabilities? ☐ Yes ☐ No If yes, explain:_____
   _____
3. Does the participant have any mobility impairment? ☐ Yes ☐ No If yes, explain:_____
   _____
4. Any allergic reactions? ☐ Yes ☐ No If yes, explain:_____
5. Does the allergy require an epi-pen? ☐ Yes ☐ No If yes, when was it last administered?_____
6. Does the participant have any dietary restrictions? ☐ Yes ☐ No If yes, explain:_____
   _____
7. Will the participant be bringing an inhaler? ☐ Yes ☐ No
8. Has the participant been treated or hospitalized in the last 24 months? ☐ Yes ☐ No If yes, for what injury or illness?_____

Emergency Information

In case of emergency, please contact those listed below - must be parent or legal guardian if under 18:

1. Primary Contact:_____ Relationship:_____

Phone, Home:_____ Work:_____ Cell:_____

2. Secondary Contact:_____ Relationship:_____

Phone, Home:_____ Work:_____ Cell:_____

Acknowledgement and Assumption of Risk

We believe young people seek adventure. Merrowvista provides an ideal environment for exploring new activities in a structured manner. However, some of the activities may involve risks young people do not encounter every day. At the American Youth Foundation we make reasonable efforts to conduct safe programs and to inform families of inherent risks and to provide adequate insurance coverage.

Risk management is an essential element of the activities we offer and we observe reasonable precautions. We conduct our programs according to the practices and procedures recommended by the American Camping Association (ACA) and state licensing requirements. Our risk management program includes staff selection criteria, training and supervision, written policies and procedures for activities, systematic review of incidents for improvements, and outside reviews of our programs. While we anticipate our careful supervision will protect the well-being of each participant, we are also aware it is possible neither to foresee every contingency nor to eliminate all risk.

Examples of activities that may occur in our programs at Merrowvista include traveling in AYF vehicles, horseback riding, swimming, sailing, canoeing, kayaking, camping, using stoves and open fire, using ropes/obstacle courses that may be 50 feet high or more. Consider the obvious risks of these activities. Inherent risks include collision, capsizing, burns and falling. In addition, many of our programs include travel through remote backcountry terrain where cell phone and communication services may not be available, and where groups may be more than an hour removed from professional emergency medical care. Environmental risks include inclement and unpredictable weather, deep and or cold water, rapidly moving water, falling objects, insects, lowered and elevated body temperatures, sunburn, allergic reactions and other injuries and illnesses. There are, of course, other problems that could impact our activities.

To ensure us that you understand the kinds of activities and risks involved in AYF programs, I ask parents to sign below. Your signature will confirm that both parents and participants have read this letter and that you acknowledge and accept the risks involved in our programs and the responsibility to come prepared for camp. In signing the statement, parents/guardians grant permission to the participants to attend, and parents and participants acknowledge having read and understood the above statement.

Anna Kay Vorsteg
President
American Youth Foundation

To: American Youth Foundation

I,_____, who will be attending an American Youth Foundation (AYF) program, have read the above statement and understand there are risks involved in AYF activities like those described in this statement. I accept those risks as a part of my participation.

I am also aware that my (my child's) school or sponsoring agency is ultimately responsible for medical care of me/my child. However, in the event of an emergency, I give permission to the American Youth Foundation and their staff or designated personnel to hospitalize and/or secure proper treatment for me/my child mentioned above. I have also indicated any medical information that will ensure the proper treatment and well being of me/my child.

I give permission for AYF to use photographs, video and statements from me/my child for education and promotional purposes, including brochures, websites and slideshows. I waive the right for any future claims, including remuneration.

Signature of a Parent or Legal Guardian (if participant is under 18)	Date	Signature of the Participant	Date

Please note for participants under the age of 18: If the participant has an allergy requiring an epinephrine kit or pen, asthma requiring an inhaler or currently taking medications, these items should be turned in to the group's chaperone or advisor. If this is an open enrollment program, these items should be given to the AYF staff member. It is recommended that participants requiring an epinephrine kit or pen or an inhaler bring two, so that one can be carried with the participant and one can be carried by the chaperone of the group at all times.

J:\AYF Common\AYF Document Source\Merrowvista\Forms\CSP\Health History Risk Form.pub
Revised: 9-2012

MERROWVISTA HEALTH HOTSHEET

Merrowvista relies on our partners to help prepare a safe and inclusive program for participants and chaperones.

In addition to delivering completed Health & Risk Forms upon arrival, please complete and return this form at least 2 weeks prior to your program. Without this timely information, we may not be able to provide requested accommodations.

Dietary Restrictions

Please share any chaperone & participant dietary restrictions that might necessitate additional menu alternitives & support.
Refer to *MV Dietary Accommodations Info* for clarity regarding our ability to accommodate a particular restriction.

Preference

Count here the number of visitors making these common dietary choices

vegetarian	vegan	halal	kosher	gluten-free	dairy-free
☐	☐	☐	☐	☐	☐

List here visitors who choose to exclude any other foods or ingredients from their diet

Name (first name, last initial)	Preference	Notes

Allergy/Intolerance

List here anyone who experiences a physical reaction when exposed to certain food ingredients. Please differentiate between allergy & intolerance, describe the level of sensitivity, the nature/severity of the reaction, & if an epi-pen/response is required

Name (first name, last initial)	Ingredient	Sensitivity/Reaction/Response

Inclusion Information

Please share information about learning and behavioral differences, as well as mental and physical conditions pertinent to our efforts to plan and facilitate inclusive programming (ie. Dyslexia, ADD, anxiety, asthma, injury, illness, allergy, etc.)

Name (first name, last initial)	Difference	Notes

MERROWVISTA HEALTH HOTSHEET

Additional Information

Please share any additional chaperone & participant dietary or inclusion concerns that could not fit on pg. 1 of this form

Name (first name, last initial)	Concern	Notes

Packing List

Clothing and equipment list for the spring and fall

We have prepared a list of clothing and equipment that can help you stay warm and comfortable during your visit. The weather of the Ossipee Mountains can be unpredictable and many of the activities you will be involved in take place outside, regardless of the weather. We suggest multiple layers, as they can be removed and added easily to regulate body temperature. Wool and synthetic materials such as fleece or polypro are preferable because they are warmer than cotton, especially when wet. However, you should not have to purchase a new wardrobe to come to Merrowvista.
Most participants have found that they can borrow needed equipment from family and friends. Please come prepared.

Quantities suggested are for a three-five day trip.

Necessary items:

Diabetes Supplies
1 Backpack
1 sleeping bag
1 bottom sheet
1 pillow and pillow case
2-3 pairs of jeans or pants
2-3 long-sleeved shirts
2-4 tee-shirts
4-5 pair of socks (1 non-cotton)
1 pair of pajamas
1 change of underwear for each day
1 pair of long underwear (tops and bottoms)
1 pair of sneakers
1 extra pair of shoes/sneakers (hiking boots, if possible)
1 wool sweater or synthetic fleece/pile jacket
1 plastic raincoat or poncho
1 jacket
1 pair of gloves/mittens
1 wool/fleece hat
1 water bottle
1 flashlight and batteries
1 set of personal toilet articles:
- toothbrush/toothpaste
- wash cloth/towel
- soap/shampoo
- other personal items

Optional Items:

Bath robe and slippers
Camera/mosquito net or hat
insect repellent & sunscreen
journal & pen, reading book, deck of cards
swimsuit
Additional treatment for low blood sugar

Please do not bring:

money or valuables
knives or weapons of any kind
electronic games or radios
gum or candy
pets or animals
nut-containing foods

Diabetes Services

Dear Camper & Family,

We're very happy you will be spending the week end with us! We have LOTS of fun activities planned! Please ask your parents to fill out the enclosed paperwork and return **No Later Than Friday September 14, 2018**.

Please plan to arrive between 4:00 p.m. & 5:00 p.m. on Friday September 21. We will register you then show you to your room. Activities will start at 6:00 p.m. All meals through lunch on Sunday will be provided. The menu will be created in collaboration with our dietitian. Special dietary needs will be addressed. If we have further questions after receiving your packet, we will contact you.

We have a full schedule that will go until 9:00 p.m. on Friday night and 7:30 a.m. to 9:00 p.m. on Saturday. Sunday's schedule goes until 1:00 p.m. Please see the list of recommended things to bring and not to bring.

Please bring your diabetes supplies. Time is allotted in the schedule to check blood sugar and take insulin. You will be assigned to a medical person who will over see and record your blood sugars while at camp. There will be medical personnel at all of the activities who will have a meter, glucose tabs, juice, and protein-containing snacks for treatment of low blood sugar.

Please leave at home: all forms of electronic media. Cell phones may be used for CGM ONLY. The camp telephone is available for emergencies. In case your parents need to contact you for an emergency, the camp # is (603) 539-6607. Of course cigarettes, alcohol, or other illegal substances are forbidden and would mean immediate dismissal from the program.

We are VERY excited and thankful for the Wentworth-Douglass Hospital Foundation funding which has allowed us to offer this program.

If you have any questions, please don't hesitate to call 740-2861 or e-mail Kris.Ferullo@wdhospital.com.

Looking forward to seeing you at camp!

Kris

Kris Ferullo RN, CDE