

Camp Conrad-Chinnock 2012 Online Supplemental Application

Diabetes Camping and Educational Services, Inc.

12045 E Waterfront Dr

Playa Vista CA 90094

Contact: Rosie DuBois, Office Manager

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Email: Rosie@dys.org

FOR OFFICE USE ONLY

Date received:

Date update in database:

Date placed into folder:

Thank you for completing the online application for Camp Conrad-Chinnock. There are only a few steps left to get up to camp! Contact the camp office if you need assistance with this paperwork or have other questions about camp.

Step 1. A couple documents require completion. Once all of the following documents are received, the camper will have a confirmed space. Until then, the camper is on a waiting list.

- o **Certificate of Physical Examination:** take this form to the camper's diabetes doctor for completion. Make sure it was completed for a check-up no earlier than February 2012. This is due at least 14 days before camp begins.

- o **Tuberculosis (TB) test result:** each camper must submit the TB test result that was done no earlier than August 2010. If the result is positive, a letter from the physician indicating a chest x-ray and additional treatment is required.

- o **Picture of camper:** Camp is including a picture of each camper in its database for basic identification. If possible, please *email* a head shot, such as a school picture, to Rosie@dys.org in JPG or GIF format. If you do not have an electronic picture, it would be appreciated if you can mail a wallet-sized picture with your information; this will be permanently kept with the camper's file.

Step 2. Mail the documents listed in Step 1 with payment and financial assistance application (optional) to the address at the top of the page.

Step 3. Once all of the documents, payment, and financial assistance application (optional) are received, you will receive an email or telephone call indicating the camper is confirmed for their session.

Step 4. Approximately 10 days before the camper's session, you will receive a camp packet with map, packing list, expectations, diabetes management at camp, etc. via email or mail.



2012 CERTIFICATE OF PHYSICAL EXAMINATION FOR ADMISSION TO CAMP CONRAD-CHINNOCK

This form may be filled out on the basis of a concurrent office visit, or the most recent doctor's examination if it took place *no earlier than February 2012!*

Camper's Name: _____ Height _____ Weight _____

LAST AVAILABLE Hb_{A1C} (glycosylated Hb): DATE _____ VALUE _____ LAB NORMS _____

Insulin Brand Name:

Type:

- | | | |
|-----------------------------------------|--------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Lilly | <input type="checkbox"/> Humalog / Novolog | <input type="checkbox"/> Lantus |
| <input type="checkbox"/> Novo-Nordisk | <input type="checkbox"/> R – Regular | <input type="checkbox"/> Levemir: _____ |
| <input type="checkbox"/> Sanofi-Aventis | <input type="checkbox"/> N – NPH | <input type="checkbox"/> Other (specify): _____ |
| | <input type="checkbox"/> Apidra | |

Please select:

- [] Patient uses variable dosing based on carbohydrates. This is done using:
 [] An insulin pump **OR** [] Basal and bolus injections
 [] Patient uses fixed-dose injections.

Dose or bolus (1 unit / 10 gm CHO): A.M.: _____ Noon: _____ P.M.: _____ Bedtime: _____

Supplemental Insulin Guidelines (units to drop 100mg/dl): _____

Known allergies: _____

Medications to administer at camp (name, dosage, and frequency): _____

Dietary restrictions: _____

Description of any limitation or restriction on camp activities: _____

Significant physical findings at the time of examination or any psychological/psychiatric information the camp medical staff need to know: _____

This form was completed on the basis of: Office visit on ___/___/___ Review of records from last visit on ___/___/___

Physician's Name _____ Facility Name _____
(Please type or print clearly) (if applicable)

Street address _____ City _____ State _____ Zip code _____
Office Telephone: (_____) _____ Email: _____

Physician's Signature _____ Date: _____
or office stamp

Further comments may be attached on separate sheet. Fax to (888) 800-4010, return to patient's parent/guardian, or mail to: Diabetes Camping and Educational Services, 12045 E Waterfront Dr., Playa Vista, CA 90094