

Date Rec'd _____

CAMP LANCELOT
CAMPER/CIT APPLICATION
JUNE 24-28, 2019

APPLICATION DEADLINE APRIL 26, 2019

CAMPERS WILL BE CHOSEN BASED ON THE FOLLOWING CRITERIA:

- 1. PROVIDER RECOMMENDATION (CAMPER WOULD BENEFIT FROM CAMP)**
- 2. ARE THERE OTHER CAMPS CAMPER WILL BE ATTENDING**
- 3. ORDER OF DATE RECEIVED**

A. GENERAL INFORMATION

NAME OF CAMPER _____
Last First Middle
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PREFERS TO BE CALLED _____
Birthdate ____/____/____ Age _____ Sex (circle one) Male / Female Grade Completed as of June 2019: _____
T-Shirt Size: (Circle One) Youth S M L XL OR Adult S M L XL XXL
Has camper attended Camp Lancelot (formally Camp Aurora) in the past? ☐ Yes ☐ No
If yes, how many years have they attended? _____
Will camper be attending any other diabetes camps this year? ____ Yes ____ No
If yes, what camp(s) will they be attending? _____

B. PARENT/GUARDIAN INFORMATION

Camper lives with (circle one) Mother Father Both Other _____
Do camper's parents/guardians live together? (circle one) Yes No
Are there any custody or visitation restrictions? If so, describe:

Mother's/Guardian's Name _____

Mother's Address (if different from above) _____

Mother's Home Phone _____ Cell Phone _____

Father's/Guardian's Name _____

Father's Address (if different from above) _____

Father's Home Phone _____ Cell Phone _____

PREFERRED EMAIL ADDRESS: _____

C. EMERGENCY CONTACT INFORMATION IN ADDITION TO PARENTS/GUARDIANS

Name _____ Relationship to child _____ Phone (____) _____

Name _____ Relationship to child _____ Phone (____) _____

D. PHYSICIAN INFORMATION

Primary Care Physician (PCP): Name _____ Treating Medical Center: _____

Address _____ Phone _____

Diabetes Specialist: Name _____

F. HISTORY OF ALLERGIES

Is your child allergic to any MEDICATION? (Penicillin, sulfa, etc.)? ____ Yes ____ No

If yes, please list:

Medication Name	What Happens?

Is your child allergic to any FOODS? ____ Yes ____ No

If yes, please list:

Food Name	What happens?

DOES YOUR CHILD HAVE AN EPIPEN? _____ WHAT FOR? _____

G. Medications**Please list any additional medications (other than insulin) your child will need during camp hours.**

Medication Name	Time given

H. MEDICAL INFORMATION

Specifically, does your child have any of the following?

Measles	____ Yes ____ No	Chicken Pox	____ Yes ____ No
Mumps	____ Yes ____ No	Rheumatic Fever	____ Yes ____ No
Hepatitis	____ Yes ____ No	Kidney Disease	____ Yes ____ No
Heart Disease	____ Yes ____ No	Seizures	____ Yes ____ No
Asthma	____ Yes ____ No	Surgery (within past yr)	____ Yes ____ No
Rubella	____ Yes ____ No	Mental/Behavioral Health	____ Yes ____ No
Autism Spectrum Disorder	____ Yes ____ No	ADD/ADHD	____ Yes ____ No

Are there any other medical problems or conditions your child has that the camp should know about? ____ Yes ____ No

If yes to any of the above questions, explain here:

I. Diabetes Information

Does your child:

- | | | | |
|----------------------------------|------------------------------|---|-----------------------------|
| Check blood sugar | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes, with assistance | <input type="checkbox"/> No |
| Draw up insulin | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes, with assistance | <input type="checkbox"/> No |
| Rotate injection sites | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes, with assistance | <input type="checkbox"/> No |
| Give own injections | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes, with assistance | <input type="checkbox"/> No |
| Check for ketones | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes, with assistance | <input type="checkbox"/> No |
| Recognize own low blood sugar | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes, with assistance | <input type="checkbox"/> No |
| Recognize own high blood sugar | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes, with assistance | <input type="checkbox"/> No |
| Understand insulin to carb ratio | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes, with assistance | <input type="checkbox"/> No |
| Accurately count carbs | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes, with assistance | <input type="checkbox"/> No |
| Change pump site | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes, with assistance | <input type="checkbox"/> No |
| Administer boluses | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes, with assistance | <input type="checkbox"/> No |

List symptoms of camper's low blood sugar:

What two diabetes skills would your child like to learn or improve?

1.

2.

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

Is there anything else you feel camp staff should know about your child? ____ Yes ____ No

If yes, please explain:

Camp Lancelot Insulin Regimen

Campers Name: _____

Date of Birth: _____ AGE: _____ Gender: male female

CGM: ☐ Dexcom ☐ Medtronic ☐ Other: _____ ☐ No CGM

Will your child be wearing their cgm at camp? ☐ Yes ☐ No

Ketone Dose: _____

Long Acting Insulin:

Name: ☐ Lantus ☐ Levemir ☐ Basaglar ☐ Levemir ☐ Tresiba ☐ Other: _____

Amount: _____ units Time given: _____

For **PEN** or **SYRINGE** Users **ONLY**:

☐ Humalog ☐ Novolog ☐ Apidra ☐ Other: _____

Insulin /Carbohydrate Regimen

Instructions: Please list the type and amount of insulin given	
Examples: 1 unit Humalog per 10 grams of carbohydrate	
Breakfast	
Lunch	
Dinner	
Correction Factor _____ unit per _____ > _____	

For **Pump** Users **ONLY**:

☐ Humalog ☐ Novolog ☐ Apidra ☐ Other: _____ Pump Brand: _____

Pump Basal Rates: Please enter child's rate per hour

Midnight		6:00am		Noon		6:00pm	
1:00am		7:00am		1:00pm		7:00pm	
2:00am		8:00am		2:00pm		8:00pm	
3:00am		9:00am		3:00pm		9:00pm	
4:00am		10:00am		4:00pm		10:00pm	
5:00am		11:00am		5:00pm		11:00pm	

Insulin / Carbohydrate Bolus Rates for Pump Users ONLY

Meal ratio	Times	Dose

Correction or Sensitivity: _____ Target Range: _____ Active Insulin: _____

Applications can be emailed to: camplancelot@cookchildrens.org or mailed to
Camp Lancelot
Attn: Kelli Goree
1500 Cooper St. 2nd Floor
Fort Worth, TX 76104

Notification of acceptance will be sent via email on May 3, 2019. Please be sure you have the email address filled in on page 1. There will be a wait list if needed.

Thank you for your interest in camp. We look forward to another great year!