



Dear Camper and Family:

We are excited about this year's Growing Together Day Camp, **Monday June 20 through Friday June 24** and hope that you will join us for a week of fun and adventure at Camp Tyler.

- **CAMP HOURS:** Monday June 20th – Thursday June 23rd 8 am to 4.30 pm;
Friday 8 am to 2 pm
- **CAMP LOCATION:** Camp Tyler 15143 Camp Tyler Rd. Whitehouse, TX 75791
- **DROP OFF & PICK UP:**
 - **DROP OFF:**
 - **MONDAY DROP OFF:** **Camp Tyler, no later than 8.30 am**
 - **TUESDAY –FRIDAY DROP OFF:** Big Lots parking lot, look for the yellow school bus. **We will leave the Big Lots parking lot at 8 am SHARP. If you are unable to arrive by that time, please bring your camper to Camp Tyler.**
 - **PICK UP:**
 - **MONDAY – THURSDAY:** Big Lots parking lot. We plan to be back at ETMC Big Lot campus, **no later than 5.15 pm**. Thank you in advance for arriving in time to pick up your camper. A **\$5 late pick-up fee** will be applied if the camper is picked up **more than 15 minutes** after we arrive at ETMC. We appreciate your cooperation as we work towards focusing our resources on our campers, rather than on avoidable operating expenses.
 - **FRIDAY-FAMILY DAY:** Please pick up your camper from Camp Tyler at the end of camp, **no later than 2. 30 pm.**

We would like to share a few changes and updates to our 2011 camp enrollment.

- **ENROLLMENT**: Starting this summer (2011,) we have decided to limit out camper enrollment to youth with a diagnosis of Type 1, Type 2 diabetes or youth who are overweight and at risk for developing diabetes. While in past years, siblings without diabetes have been able to attend for the entire week, this year we are inviting them on Friday June 24th for Family Day. With this change in enrollment, we can devote our time and resources for our campers living with diabetes or those at risk for developing diabetes. We believe that this change will help us to better meet our objectives and the Mission of our camp.
- **REGISTRATION**: Enclosed please find the application form, please complete and send it back to us in one of the following ways:
 - Use the SASE (self-addressed stamped envelope) to mail it back to us.
 - Fax to **fax number 903-594-2937**
 - Scan and email to: aaupponi@etmc.org

Please be sure to send the following with the completed registration form:

- 1) \$20 **non-refundable** check or cash to reserve a spot for your camper. Please make checks payable to ETMC Diabetes University. In the past we have had several families reserve a spot for their camper and then not attend camp. As a result several campers with diabetes, on the wait list, were turned down.
- 2) Current immunization record for our camper files, mandated by State of Texas, for all medical camps.

We have a dedicated staff that will work with your camper and it is our commitment to you that your camper will have a memorable experience. Thank you for your enrollment.

Please do not hesitate to contact me if you have any questions.

Sincerely,

Anjani Upponi RD CDE LD

903-595-3068 – office;

903-594-2937 – fax;

aaupponi@etmc.org - email



All applications must be signed and returned by June 3, 2011
Growing Together DAY CAMP
2011 Registration Form

PLEASE PRINT ALL INFORMATION BELOW

Campers Name: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Campers Birthday: _____ Age: _____ Male Female

Please check one: Type 1 Diabetes Type 2 Diabetes Overweight

If the camper is Type 1 please answer the following:

Does the camper wear a pump _ Yes _ No

If the camper wears an insulin pump indicate name: _____

Which insulin is used for pump: _____

Is the diabetes managed by insulin therapy? _ Yes _ No

Insulin: (Indicate brand, type, kind, dosage and time of day each shot is given)

Does Camper do own blood sugar testing? Yes No

Is camper allergic to anything? Yes No

Emergency Notification/Name: _____

Emergency Phone #'s: Home: (____) _____ - _____
Work: (____) _____ - _____
Cell: (____) _____ - _____

TRANSPORTATION

Will the camper use transportation provided by ETMC? Yes No

If no, will the parent/s drop the camper every morning to Camp Tyler and pick the camper up from Camp Tyler at the end of the day?

Yes No. If no, please explain _____

FOOD QUESTIONNAIRE

Is there anything special you wish us to know about your child's diet?

Yes No If yes, please explain: _____

If your camper follows carbohydrate counting, please indicate the grams of carb below.

	<u>Snack grams of carb</u>	<u>Lunch grams of carb</u>	<u>Snack grams of carb</u>
Fruit			
Starch			
Meat/Protein			
Fat			
Milk			
Vegetable			

HEALTH HISTORY

!!! Important !!! (the American Camp Association mandates immunization records on file for all campers) **Please attach a copy of the camper's current immunization record, including date of last tetanus shot.**

Current medications prescribed and over the counter, please list:

Does the camper have any past medical treatment, not related to Diabetes or weight? Yes No If yes, please explain: _____

Does the camper have any food or medication allergies or dietary restrictions?

Yes No

If yes, please explain:

Camper's Physician: _____ Hospital Preference: _____

Insurance (If any): _____ Group/Claim # _____

EXEMPTION FROM ACTIVITIES

Should the camper be exempt from any camp activity for health reasons? (Arts and craft, swimming, Jazzercise, nature walks, other)

Yes No

If yes, please explain:

Does the camper have any current physical, mental or psychological condition requiring medication, treatment or special restrictions or considerations while at camp? Yes

No

If yes, please explain: _____

I hereby verify that all the information stated on this medical form is correct and reflects all information that I am aware of, and is in accordance with the camper's physician instructions.

I further give my consent to provide any medication and/or any emergency treatment that the camper is required to have, by the camp medical staff, who will contact the persons listed on the camper's permanent chart, if necessary.

Parent/Guardian Initial: _____.

Waiver for ETMC Liability

I, Parent/Guardian Initial: _____ waive any right I may have to hold liable, and agree to indemnify and hold harmless, East Texas Medical Center and its employees and anyone else connected with the GROWING TOGETHER DIABETES DAY CAMP, of any claims of injury or damages that may be incurred by my child during the GROWING TOGETHER DIABETES DAY CAMP.

ADMINISTERING MEDICATION, FIRST AID, MEDICAL TREATMENT (INCLUDING SURGERY)

I grant to any authorized representative or employee of ETMC the authority to act as my agent to give permission for any medical treatment, including surgery that may be deemed necessary for the wellbeing of my child during the GROWING TOGETHER DIABETES DAY CAMP.

I also grant permission to any physician or hospital, or employee of ETMC to administer appropriate emergency treatment and/or first aid to my child in the event of any illness or injury that may arise.

Parent/Guardian Initial: _____.

Consent to Photograph, Video Tape or Audio Tape

I, Parent/Guardian Initial: _____ authorize East Texas Medical Center, Television stations, radio stations, doctor, attorney and/or insurance company, etc. hereinafter the “authorized party”, its employees, authorized agents, affiliates, or representatives to: (Please check all that apply)

Photograph Video tape Audio tape

And I authorize that the photographs, video tapes, audio tapes may be used for the following purposes:

- future camp advertising
- thank-you letters to camp donors
- camp marketing brochures

The undersigned may withdraw his/her consent at any time by giving written notice of such withdrawal of consent to the Camp Director.

Such notice shall be effective only upon receipt thereof. Additionally, the undersigned releases East Texas Medical Center and GROWING TOGETHER DIABETES DAY CAMP, it’s employees, agents, affiliates or representatives from any liability for or arising from the use of such photograph, video tape or audio tape prior to the receipt of the undersigned notice of withdrawal of consent

Camper Release

In order for a camper to be released to a person other than the legal parent or guardian, we will need the following:

I _____ have the permission from the parents/legal guardian of _____ (camper’s name)

to pick him/her up after camp on the following dates, please check all that apply:

Monday June 22 Tuesday June 23 Wednesday June 24

Thursday June 25 Friday June 26

Person picking up the camper (Signature): _____ -

Parent/Guardian Initial: _____. **Please sign below:**

Parent or Legal Guardian (PRINT)

Parent or Legal Guardian (Signature) **Date:** _____