



CAMPER REGISTRATION

- WHO:** Children ages 6 to 14 with Type 1 diabetes
- WHAT:** Learning & having fun!
- WHERE:** Southridge Sports Complex, Tri-City Court Club, Sacajawea State Park
- WHEN:**
- | | |
|----------------------------------|--------------------|
| Tuesday, July 24 th | 8:30 am to 4:30 pm |
| Wednesday, July 25 th | 8:30 am to 4:30 pm |
| Thursday, July 26 th | 8:30 am to 4:00 pm |
| Friday, July 27 th | 8:30 am to 1:30 pm |

Please COMPLETE and return registration form and payment to:

Trios Health
Attn: Diabetes & Nutrition Services
203 W. 8th Avenue
Kennewick, WA 99336

Registration Checklist:

- Completed application with signed consent.
- Signed authorization to treat.
- Signed photo and media consent.
- A **head shot** photo of your child: enclosed or email to cindy.meyer@trioshealth.org.
*Please come in for a photo if you do not have one available (this is used for their ID badge).
- \$70 payment.
*Please ask for scholarship application if unable to cover fee.

All checklist items are due **June 30, 2018.**
Please call 509-221-5442 with any questions.



CAMPER REGISTRATION FORM

Personal Information (Please print; all fields are required)

Camper's Name: _____ Nickname: _____

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

Camper's Birth Date: ____ / ____ / ____ Sex: **M** **F**

Age at Diabetes Onset: _____ Age at Camp: _____

Parent(s)/Guardian(s): _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Email: _____

Employer: _____

What's the best way to contact you? _____

Other individual(s) authorized to pick child up or contact in case of emergency:

Name: _____ Relationship: _____

Phone Number: (____) _____

Name: _____ Relationship: _____

Phone Number: (____) _____

Name: _____ Relationship: _____

Phone Number: (____) _____



Insurance Information:

In the event of any need for medical care outside of the camp setting, insurance information for your child may be needed. Please complete the following:

Insurance Company Name: _____

Address: _____

Policy #: _____

Name of Insured Family Member: _____

Insured Member's Social Security Number: _____

Insured Member's Place of Employment: _____

Is pre-authorization required? (circle one) No Yes Pre-authorization # _____

Tell us about your child:

Would you describe the camper as one who: (mark all that apply)

- Is Sensitive Makes Friends Easily Is Moody
- Is Easygoing Is Easily Led Is Strong-Willed
- Leads Others Is Rebellious Is Fearful

Does your child get along with others? Yes _____ No _____

Is your child excited about coming to camp? Yes _____ No _____

Can your child swim? Yes _____ No _____

Is there any information about your child that would help us ensure he/she has the best camp experience possible?

T-Shirt size:

Youth: Small _____ Medium _____ Large _____

Adult: Small _____ Medium _____ Large _____ X Large _____ XX Large _____



Medical Information:

Does your child use an insulin pump? Yes _____ No _____

If yes, brand and model: _____

Does your child usually give own insulin injections or use the pump without assistance?
Yes _____ No _____

List name of insulin used: _____

Carbohydrate ratios: _____

Correction factors: _____

Blood glucose targets for correction factors: _____

Does your child bolus before or after meals? _____

Is there a time of day most your child is most likely to have low blood sugars?

Will your child need help with blood tests? Yes _____ No _____

Has your child ever had seizures? Yes _____ No _____

Does child recognize signs of own low blood sugars? Yes _____ No _____

What are the usual symptoms of a low blood sugar for your child? _____

Will your child need to take any other medications besides insulin during camp hours?
Yes _____ No _____

Please list other medications, dosage & schedule for your child:

Please list specific accommodations needed or other health concerns we should be aware of:



Camp Menu:

Day	Menu
July 24:	Pasta Bar (lower carb options will be used i.e. zoodles, etc.)
July 25:	Box Lunches (lunch at Sacajawea Park)
July 26:	Taco Bar
July 27:	BBQ with hamburgers and hot dogs (Trios Southridge Bistro 52 lawn)

*menu will have gluten free alternatives

NOTE: Two snacks a day and all entrees will include a fruit, vegetable, and water

Food allergies or specific accommodations to menu:

CONSENT:

I hereby give my consent for adjusting insulin dose, injecting insulin, performing blood tests, or any medical care deemed necessary by camp physicians, nurses and dietitians. I will not hold liable Camp Trios, the Trios Foundation, Trios Health or any individual associated with the Camp, for accidental injury or illness resulting from this camper’s attendance and camp activities. I understand a camp setting is different than the home setting and management of my child’s diabetes schedule, while medically supervised at camp, will need to be flexible.

Signature of Parent/Guardian: _____ Date: ____ / ____ / _____

“Camp Trios is committed to making a difference in the lives of children with diabetes, ensuring that they have the opportunity to live a healthy life and enjoy a safe environment to gather while learning to be self-disciplined and responsible.”



Camp Trios Publicity Release Form:

Trios Health, and/or the local news media (i.e., TV, newspaper, radio) has my permission to take my child's picture, and/or interview my child, for local news stories while my child is a participant of Camp Trios.

I understand that I may or may not appear, or be mentioned, in said news story and require no financial or other remuneration for this. I understand that I have the right to rescind during taping or filming, not after the product is completed.

Name of Child (please print): _____

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Address: _____

Phone : _____

Recordings/Photography allowed on dates of Camp Trios only – July 24, 25, 26 and 27, 2018.

Trios Health staff will oversee all interviews and photos.



Authorization to Treat:

I (we) the undersigned parent, parents or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provision of the Medicine Practice Act, at Trios Health or Trios Urgent Care Centers. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to prove authority and power to render care, which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

List any restrictions: _____

Signature of Father, Mother, or Legal Guardian:

_____ Date: _____

_____ Date: _____

Child's Birth Date: _____

Allergies to Drugs or Food: _____

Any Special Medications or Pertinent Information: _____

Child's Physician: _____

Authorization applies to dates of Camp Trios only – July 24, 25, 26, and 27, 2018.