



Texas Lions Camp

Children Can . . . with TLC™

POST OFFICE BOX 290247 ♦ KERRVILLE, TX ♦ 78029-0247 ♦ OFFICE: (830) 896-8500 ♦ FAX: (830) 896-3666
<http://www.lionscamp.com> ♦ E-MAIL: tlc@lionscamp.com

Dear Parents/Legal Guardians:

Another summer is quickly approaching, and that means it is time to apply for a week of fun at Texas Lions Camp! We have been preparing for the upcoming summer and are excited to tell you about our online application process provided for your convenience at www.lionscamp.com. Our original paper application is available as well and instructions are listed below. As always, this experience is offered completely without charge to qualifying children from the State of Texas.

While the application might appear long, all the information requested is necessary for the care of your child. It has been formatted in such a way that it is easily completed. Please use **black ink** and provide all of the information requested.

Applications will be accepted beginning **January 15**, and they will be processed according to the order in which they are received. (Concerned about time? On-line applications are submitted instantly, with no mail delay.) Please submit your application no later than one month prior to the session for which you are applying. However, we will continue to accept applications after the due date until the session is full. The camper must have the physical portion of the application dated after **January 15** of the year in which they are attending camp. Faxed applications are acceptable for beginning the application process; however, ***you must mail the original application so that your child's final assignment is not delayed.***

Please note: Prior to April 15th, only new campers and 15 year old campers will be assigned to Diabetes Camp sessions. After April 15th, all campers will be assigned on a first come, first served basis.

Prior to sending your application, please check to make sure that the **Lion's signature, parent's signature, and physician's signature** have been provided and are legible. Without these necessary signatures, we cannot process your child's application. A committee will review the application and notify you and your sponsoring Lion of the status of your child's application.

Dietary note: *If your camper has Celiac disease or is on a gluten-free diet, please visit www.lionscamp.com/ceciac.htm for more specific application information.*

Diabetic Camping Schedule 2012 *Please mark your session preference on page 1.*

Session D1 July 22 – July 28
Session D2 July 29 – August 4

If you have any questions or need additional information, please do not hesitate to contact the Lions Camp office.

Sincerely yours,

Stephen S. Mabry, CFRE, CAE
Chief Executive Officer

SSM/sch

(Over please)

Serving Children Since 1949

Pat Carroll, President; Sam Lindsey, First Vice President; Leon Van Alstine, Second Vice President; James "Jim" Wilks, Third Vice President; William "Bill" E. Roe, Treasurer; James H. Browning, Secretary; Jack King, Immediate Past President; Tom Westerman, Elected Governors' Representative; Chris Moorman, Elected Directors' Representative
Stephen S. Mabry, CFRE, CAE, Chief Executive Officer

Texas Lions Camp

P.O. Box 290247, Kerrville, Texas 78029-0247
(830) 896-8500 Office ♦ (830) 896-3666 Fax
tlc@lionscamp.com ♦ www.lionscamp.com

Camper Guidelines & Information – Diabetes Camp ONLY

- WHO:** Children with type-1 diabetes, ages 8 through 15, within the State of Texas. *Only children who are insulin dependent are eligible for assignment.*
- WHAT:** A summer camp for children who have type 1 diabetes. Campers enjoy exciting camp programs while they learn to control their diabetes by following accepted health practices. A medical staff comprised of physicians, nurses, and dieticians is located on site.
- WHERE:** Camp is held at the Texas Lions Camp in Kerrville.
- HOW:** Parents, rather than Lions, are asked to bring and pick up campers at closing. All campers must be accompanied to and from camp by an adult. If parents need assistance with transportation, please contact your sponsoring Lion.
- COST:** Free to eligible campers. Sponsored and paid for by the Lions of Texas.
- GOALS:** The goal is to assist children who have diabetes in achieving maturity in a healthy, productive manner. A major objective is to teach children and adolescents more about themselves and their diabetes. In addition, the Parents' Reception aids the entire family in understanding diabetes. Additional information will be included in the assignment packet.

~~~~~  
Please make sure the entire application is complete before mailing it. Incomplete applications will delay the assignment process and may jeopardize your camper's chances of being assigned to a camping session.

### **★Application Checklist★**

*Please complete the entire application, paying special attention to the following:*

- Lion signature on page 1 of application.
- Newspaper information completed on page 1 of application.
- Session preference marked on page 1 of application.
- Parent signature on page 2 of application.
- Physician signature on page 4 of application.
- All camper info and insurance info completed on page 4 of application, regardless of insurance coverage.
- Original application must be on file before a camping assignment can be made.*

.....  
: **Note:** New campers and 15 year old campers have priority over former campers for assignments until April 15<sup>th</sup>. :  
.....

The Texas Lions Camp for Children with Diabetes is a program of  
The Texas Lions Camp, Inc.,  
a 501(c)3 not-for-profit organization.



## Texas Lions Camp Camper Application ~ Diabetes

1



All questions must be answered. Please type or print using *black ink*.

### Statement from Lion Sponsor

We, the \_\_\_\_\_ Lions Club of \_\_\_\_\_, Texas, District \_\_\_\_\_ wish to sponsor the below named child for Texas Lions Camp.

**Signature of Lion Sponsor:** \_\_\_\_\_

|                                   |                                   |                    |                    |
|-----------------------------------|-----------------------------------|--------------------|--------------------|
| <b>Please print name of Lion:</b> |                                   | Lion's Last Name:  | Lion's First Name: |
| Lion's Mailing Address:           |                                   | City:              | State: Zip:        |
| Lion's Home Phone:<br>( )         | Lion's Work or Cell Phone:<br>( ) | Lion's Fax:<br>( ) |                    |

### Camper Information

|                                                                                                                                                                                                              |                |                                                                 |                         |                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------|
| <b>Please print name of child:</b>                                                                                                                                                                           |                | Last Name:                                                      | First Name:             | Middle Name:                                                                     |
| Mailing Address:                                                                                                                                                                                             |                | City:                                                           | State:                  | Zip:                                                                             |
| Age:                                                                                                                                                                                                         | Date of Birth: | Sex:                                                            | Home Phone: ( )         |                                                                                  |
| <b>Please print name of parent/guardian:</b>                                                                                                                                                                 |                | Last Name:                                                      | First Name:             |                                                                                  |
| <b>Mother's Work Phone &amp; Fax:</b><br>Phone: ( )<br>Fax: ( )                                                                                                                                              |                | <b>Father's Work Phone &amp; Fax:</b><br>Phone: ( )<br>Fax: ( ) |                         | Cell: ( )<br>Pager: ( )<br>E-mail:                                               |
| Name of Emergency Contact<br>(other than parent):                                                                                                                                                            |                | Relation to Camper:                                             |                         | Emergency Contact's Home Phone:<br>( )<br>Emergency Contact's Cell Phone:<br>( ) |
| Has the Applicant ever attended Texas Lions Camp? _____ If yes, list years: _____                                                                                                                            |                |                                                                 |                         |                                                                                  |
| Has the Applicant ever attended any other Diabetes camps? _____ If yes, where? _____                                                                                                                         |                |                                                                 |                         |                                                                                  |
| Camp will send your child's photograph and camp attendance information to your local newspaper. Please provide the newspaper information requested below. <b>If left blank, no information will be sent.</b> |                |                                                                 |                         |                                                                                  |
| Newspaper Name:                                                                                                                                                                                              |                | City:                                                           | Newspaper Phone:<br>( ) |                                                                                  |
| Is there anything special you can tell us about your child that will help promote a positive camp experience? _____                                                                                          |                |                                                                 |                         |                                                                                  |
| How would you rate your child's overall diabetes self-care knowledge?                                                                                                                                        |                |                                                                 |                         |                                                                                  |
| <input type="checkbox"/> Poor <input type="checkbox"/> Below Average <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Above Average                          |                |                                                                 |                         |                                                                                  |

**Note:** New campers and 15 year old campers have priority over former campers for assignment until April 15<sup>th</sup>.

**Session Preference:**  D1  D2 Please refer to application cover letter for session dates.

**Texas Lions Camp ♦ PO Box 290247 ♦ Kerrville, TX 78029 ♦ 830.896.8500 Office/TDD ♦ 830.896.3666 Fax**



# Parent/Legal Guardian Agreement



Please read this document carefully and sign below.

## Consent to Attend & Participate

I hereby give consent for my child (ward) to attend and participate in all programs and activities of the Texas Lions Camp, Inc. (hereinafter also identified as the Camp). I understand that my child (ward) will participate in an outdoor recreation program which may encompass activities including, but not limited to, ropes course, horsemanship, archery, hiking, camp out and water sports, and that one or more of these or other activities may involve travel off the Camp site. I understand and acknowledge that while the agents, servants, employees and/or volunteers may have received training on safety techniques, there are nevertheless risks associated with, and inherent in, my child's (ward's) participation in the camp's outdoor recreation program and other camp programs and activities. I voluntarily choose to assume these risks and allow my child (ward) to attend camp and participate in all Camp programs and activities. I further consent to the Camp taking pictures, audio tapes and/or video tapes of my child (ward) participating in Camp activities and programs and the Camp's use of same in camp publications or publicity that is in the proper interest of the Camp.

## Release, Hold Harmless & Indemnity Agreement

I **RELEASE, HOLD HARMLESS** and hereby agree to **INDEMNIFY** the Camp, its agents, servants, employees and/or volunteers from any and all liability, claims, causes of action or suits, for the loss or damage of property, or for injury to, or the death of, my child (ward) or others, for damages, losses, expenses, attorney fees, or costs of whatever nature sustained by me, my child (ward) or others, which may arise out of, or in connection with, my child's (ward's) use or occupancy of the Camp's premises or participation in Camp activities or programs, regardless of the nature or extent of such injuries, damages, costs, expenses, attorney fees or losses, or whether such injuries, damages, costs, expenses, attorney fees or losses are caused in whole or in part by the negligence or sole negligence of the Camp, its agents, servants, employees and/or volunteers, or caused in part by the negligence of the Camp, its agents, servants, employees and/or volunteers and the negligent or grossly negligent acts or omissions of my child (ward) or any other person or entity. This Release, Hold Harmless, and Indemnity Agreement is to be construed broadly, but it does not serve to release or waive claims or causes of action to which my child (ward) may be entitled due to personal injury.

### WARNING

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

## Authorization for Care

I hereby grant permission to, and request and authorize all physicians, nurses and hospitals and their authorized employees and designees to perform routine diagnostic procedures and render medical care deemed necessary for my child (ward).

## Financial Responsibility

I understand and confirm that regardless of my assignment of insurance benefits, I am responsible for the total charges incurred by the Camp or others for medical care or services rendered to or on behalf of my child (ward).

## Authorization to Release Information

I authorize the Camp to furnish from my child's (ward's) medical records, such information as may be requested by representatives of local, state or federal agencies, insurance companies, or other organizations for the purpose of obtaining payment for services provided to my child (ward) or as may be required for payment of benefits or claims.

## Assignment of Benefits

In consideration of services rendered to my child (ward), I hereby assign and transfer to the Camp any and all benefits or proceeds otherwise payable to me individually, as an insured, or in my capacity as the parent/guardian of my child (ward) under hospitalization, health or accident insurance, or any other insurance coverage, to include major medical benefits, for the payment of services rendered. If I receive monies direct from the insurer(s), same shall be held in trust for and immediately transferred to the Camp for amounts due.

If a MEDICARE recipient, I certify that the information given by me in applying for benefits under TITLE XVII of the Social Security Act is correct. I authorize any holder of medical or other information about my child (ward) to release to the Social Security Administration or its intermediaries or carriers any information needed to process a Medicare claim related to the undersigned or my child (ward). I request that payment of authorized benefits be made on my behalf and/or on behalf of my child (ward).

## Personal Property

I understand the Camp in no way covenants the condition of any personal article or item of property upon the conclusion of any camp session and that unnecessary valuables are not to be brought to camp.

PLEASE NOTE: Original application must be received before final camp assignment can be made.

★ Camper's Name: \_\_\_\_\_

★ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



# Camper Information...Continued



Please complete this section in full detail.

Print name of child: \_\_\_\_\_

Onset of diabetes (month and year): \_\_\_\_\_ Age when diagnosed (years and months): \_\_\_\_\_

**Monitoring:** Meter used (Ex. One Touch Ultra, Bayer Contour, etc.): \_\_\_\_\_

How many times a day is blood sugar checked? \_\_\_\_\_ When do urine ketones get checked? \_\_\_\_\_

**Diet:** Type of meal plan:  None  Avoids sweets only  Exchange system  Carbohydrate counting  Gluten-free \*

**Exercise:** Usual exercise or preferred physical activity: \_\_\_\_\_

Any Limitations? \_\_\_\_\_

**Immunizations** (indicate date of last injection or oral vaccine): IPV/OPV/Polio: \_\_\_\_\_ MMR: \_\_\_\_\_

DTaP/DTP/Tetanus\*: \_\_\_\_\_ Allergic to any vaccine? \_\_\_\_\_ \*Must be within last 10 years

**Existing or chronic problems:**  Bedwetting  Constipation  Behavioral Problems  Celiac Disease \*

Attention Deficit Disorder (ADD) or Attention Deficit/Hyperactivity Disorder (ADHD)

Describe extent of problem(s) and suggestions for control: \_\_\_\_\_

**Has child ever had seizures or convulsions?**  Yes  No If yes, how many seizures? \_\_\_\_\_

Date of last seizure: \_\_\_\_\_ Cause of seizure(s):  Low Blood Sugar  Other (Explain): \_\_\_\_\_

\* If your child has celiac disease or is on a gluten-free diet, please visit [www.lionscamp.com/celiac.htm](http://www.lionscamp.com/celiac.htm) for more application information.

## Campers on Non-Basal Bolus Regimen

DNA

**Insulin Currently Used** (check all that apply):  
 Novolin N  Novolog  Novolog 70/30  Levemir  
 Humulin N  Humalog  Humalog 75/25  Lantus  
 Humulin R  Apidra  
 Novolin R  Other (Explain): \_\_\_\_\_

**Insulin Injection Regimen at Time of Application**  
Example: 18 NPH/4 Novolog  
Breakfast \_\_\_\_\_  
Lunch \_\_\_\_\_  
Dinner \_\_\_\_\_  
Bedtime \_\_\_\_\_

## Campers on Four or More Insulin Injections

DNA

**Basal Bolus Injections:**  
Insulin Used in Regimen:  Apidra  Humalog  Novolog  
 Regular  Lantus  Levemir  
When did camper begin this regimen? \_\_\_\_\_  
Number of DKA (Diabetes Ketoacidosis) episodes since starting therapy: \_\_\_\_\_

**Basal Bolus Injections:**

| Target*   | I:CHO | ISF |
|-----------|-------|-----|
| Breakfast |       |     |
| Lunch     |       |     |
| Dinner    |       |     |
| Bedtime   |       |     |
| Snacks    |       |     |

I:CHO (Insulin/Carbohydrate Ratio)      ISF (Insulin Sensitivity Factor)  
\*Target blood sugar used for I:CHO and ISF calculations.

## Campers on Insulin Pump Therapy

DNA

**Insulin Pumps:**  
Target BG set in pump: \_\_\_\_\_  
ISF (Insulin Sensitivity Factor): \_\_\_\_\_  
I:CHO (Insulin/Carbohydrate Ratio): \_\_\_\_\_  
Insulin Used in Pump:  Apidra  Humalog  Novolog  
 Regular Other (Explain): \_\_\_\_\_  
When did camper begin pump therapy? \_\_\_\_\_  
Number of DKA episodes since starting pump: \_\_\_\_\_

**Insulin Pumps:** Brand of Pump:  Animas  Deltec  
 MiniMed  Other: \_\_\_\_\_  
Basal Rates (units/hr): (Ex. 12 AM - 3AM = 0.8 u/hr; 3AM-7PM = 1.1 u/hr)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Insurance Information

4



*Please complete this section even if camper is uninsured.*

|                                                                             |                                        |                           |      |
|-----------------------------------------------------------------------------|----------------------------------------|---------------------------|------|
| Camper Name:                                                                | Social Security Number:                | Date of Birth:            | Age: |
| Parent/Guardian Name:                                                       | Policy Holder Social Security Number:  |                           |      |
| Address:                                                                    | City:                                  | State:                    | Zip: |
| Parent Home Phone:<br>( )                                                   | Parent Work Phone:<br>( )              | Parent Cell Phone:<br>( ) |      |
| Emergency Contact ( <i>other than parent</i> ):                             | Relation to Camper:                    |                           |      |
| Emergency Contact's Home Phone:<br>( )                                      | Emergency Contact's Cell Phone:<br>( ) |                           |      |
| Health Insurance Company/Medicare/Medicaid:<br>(If uninsured, write "None") |                                        |                           |      |
| Address:                                                                    | Phone:<br>( )                          |                           |      |
| Policy Number:                                                              | Certificate Number:                    |                           |      |
| Name of Insured:                                                            | Company/Business Name:                 |                           |      |
| Employer Contact:                                                           | Phone:<br>( )                          |                           |      |

# Medical Report

*To be completed by medical personnel.*

Height: \_\_\_\_\_ (inches)    Weight: \_\_\_\_\_ (lb.)    Hemoglobin A1C: \_\_\_\_\_    Date A1C was Done: \_\_\_\_\_

**Previous or Continuing Illness** (indicate date of last occurrence if applicable):

Asthma \_\_\_\_\_     Chronic Cough \_\_\_\_\_     Epilepsy \_\_\_\_\_     Strep Throat \_\_\_\_\_  
 Celiac Disease \_\_\_\_\_     Diphtheria \_\_\_\_\_     Measles \_\_\_\_\_     Whooping Cough \_\_\_\_\_  
 Chicken Pox \_\_\_\_\_     Ear Infection \_\_\_\_\_     Mumps \_\_\_\_\_

Has patient had any serious medical illness or surgery in the past year?  Yes  No

If **yes**, describe: \_\_\_\_\_

Food allergies (Please be specific): \_\_\_\_\_    Gluten Free Diet?  Yes  No

Allergies to bee/wasp/medications/etc.?  Yes  No    If **yes**, describe: \_\_\_\_\_

Treatment given: \_\_\_\_\_

Any secondary health problems or concerns: \_\_\_\_\_

## Medications other than Insulin

| Medication | Dosage | Reason |
|------------|--------|--------|
|            |        |        |
|            |        |        |
|            |        |        |
|            |        |        |

**I approve camping activities for this applicant.**

**Physician Signature** \_\_\_\_\_ Date: \_\_\_\_\_

**PRINTED** name of physician: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_