

Registration forms

page 1 of 14

Campamento Diabetes Safari 2011

Telephones: + (34) 977 23 3353 *and* + (52) (55) 5510 9830

The 7 forms needed to register for Campamento Diabetes Safari 2011 are presented here.

The 7 separate forms can be printed, filled out by hand, signed, and mailed or delivered to the address indicated below. Copies sent by email or unsigned copies cannot be accepted.

The forms required for each Camper's registration include:

1. This page, on which the total or partial payment being made is noted (*page 1*)
2. Application form and parents' contact information (*pages 2 - 3*)
3. Recent photo (*face*) of the Camper
4. Personal information about the Camper (*page 4*)
5. Information about the management and self-management of diabetic hyperglycemia (*pages 5 - 8*)
6. Medical report (*pages 9 - 10*)
7. Legal authorization and agreement form (*pages 11 - 13*)
8. Rules and Behavioral Contract for the Camper (*page 14*)
9. Check or copy of deposit slip (stamped by HSBC Bank, if payment is by bank deposit)

Send a single copy (printed or photocopied) of all registration forms, plus a recent photo of the Camper's face, and the original or a copy of the bank deposit slip to:

By mail:

Dr. Stan De Loach
Apartado Postal 20 Bis
Colonia Centro
06002 México 1, Distrito Federal
MEXICO

By delivery service:

Dr. Stan De Loach
(Atención: Srta. Rebeca)
Eje Central Lázaro Cárdenas 71 - #4
(entre Ayuntamiento y Puente de Peredo)
Colonia Centro, Delegación Cuauhtemoc
06070 México 1, Distrito Federal, MEXICO
(Teléfono: 01 55 5510 9830)

The **total cost** of Campamento Diabetes Safari 2011 is: **2700 Mexican pesos** or **230 U. S. Dollars**. The cost is the same for all Campers, regardless of home country.

Please note the **amount** that you are enclosing to register the Camper: \$ _____
(the minimum deposit required is 1350 Mexican pesos or 150 U. S. Dollars, without exception)

Balance of \$ _____ to be paid before 1 April 2011.

The **deadline** for receipt of the completed **registration forms** and the full **balance due** is 1 April 2011, without exception.

Payment may be made in **cash** or by **bank deposit** to account # 06106282875 of HSBC Bank, payable to "Dr. Stan De Loach"

If registration is canceled **before** 1 April 2011, an administrative charge of 1200 Mexican pesos or 100 U. S. Dollars will be retained from reimbursement of the amount paid, without exception.

If registration is canceled **on or after** 1 April 2011, neither full nor partial reimbursement of the registration fee paid will be made, without exception.

CAMPER

Name _____ **Last name** _____

Gender Female ____ Male ____

Age (as of 27 April 2011) _____ years

Grade in school: _____

Date of diagnosis with diabetes (day, month, year) _____

Date of birth (day, month, year) _____

Is this the Camper's first time to attend a camp for young persons with diabetes mellitus?

yes ____ no ____

Please attach on this page a recent **photo** of the Camper's face.

Camper's address

Street _____

City _____ State _____

Zip Code _____ Country _____

Phone numbers (for Camper and her/his parents)

Home (country/area codes = _____) _____

Cell (country/area codes = _____) _____

(country/area codes = _____) _____

E-mail(s) _____

Persons who live in the same house with the Camper...

Age

Mother yes ____ no ____ _____

Father yes ____ no ____ _____

Brother(s) yes ____ no ____ # _____

Sister(s) yes ____ no ____ # _____

Other(s) yes ____ no ____ # _____

Camper's father

Name _____ **Last name** _____

Date of birth _____ (day, month, year) _____

Address (only if different from Camper's address)

Street _____

City _____ State _____

Zip Code _____ Country _____

Phone numbers (only those that are different from the Camper's)

Home (country/area codes = _____) _____

Cellular (country/area codes = _____) _____

Work (country/area codes = _____) _____

E-mail(s) _____

Camper's mother

Name _____ **Last name** _____

Date of birth _____ (day, month, year) _____

Address (only if different from Camper's address)

Street _____

City _____ State _____

Zip Code _____ Country _____

Phone numbers (only those that are different from the Camper's)

Home (country/area codes = _____) _____

Cellular (country/area codes = _____) _____

Work (country/area codes = _____) _____

E-mail(s) _____

CAMPER

Name _____ **Last name** _____

Preferred language español ___ English ___ other (*please specify*) _____

The Camper . . .

has spent the night outside the family home, separated from his/her family

yes ___ no ___ where? _____

For how long? _____

wets the bed at night

yes ___ no ___

walks in her/his sleep

yes ___ no ___

has a good appetite

yes ___ no ___

is allergic to foods, medicines, or drugs

yes ___ no ___ which one(s)? _____

knows how to swim

yes ___ no ___

has the following interests and hobbies

wants to attend this Campamento

yes ___ no ___ If no, please explain the reason(s): _____

has a problem or difficulty of which the Campamento's management should be aware

yes ___ no ___ If yes, please explain: _____

T-shirt size used by the Camper

*Please select **ONLY ONE SIZE**:*

— Children's 6-8

— Adult Small

— Children's 10-12

— Adult Medium

— Children's 14-16

— Adult Large

— Children's 18-20

— Adult Extra-large

CAMPER

Name _____ **Last name** _____

The Camper's **endocrinologist** is

Name _____ **Last visit** (*day, month, year*) _____

Telephone (*country/ area codes =* _____) _____

The Camper's **pediatrician** is

Name _____ **Last visit** (*day, month, year*) _____

Telephone (*country/ area codes =* _____) _____

The Camper . . .

applies his/her own insulin injections

yes _____ no _____
with supervision _____ without supervision _____
If "no," who injects the insulin? _____

prepares and draws up doses of insulin for injection

yes _____ no _____
with supervision _____ without supervision _____
If "no," who prepares the dose? _____

performs blood glucose self-monitoring to check her/his blood sugar levels

yes _____ no _____
with supervision _____ without supervision _____
If "no," who performs blood glucose monitoring? _____

applies complementary (correction) doses of insulin when blood glucose is elevated

yes _____ no _____
If "yes," when are they used? _____
If "yes," how frequently? _____

has other medical condition(s)

yes ____ no ____ If "yes," which one(s)? _____

takes other medicines (*besides insulin*)

yes ____ no ____
If "yes," which one(s)?
Name _____ Dose _____ Frequency _____
Name _____ Dose _____ Frequency _____
Name _____ Dose _____ Frequency _____

Campamento Diabetes Safari 2011

The Camper . . .

experiences hypoglycemia without warning or symptoms

yes ___ no ___

experiences severe hypoglycemia, with loss of consciousness and/or convulsions

yes ___ no ___

Which **target range** of blood glucose values do the Camper and his/her family use?
FROM _____ mg/dL TO _____ mg/dL

Which blood glucose value do the Camper and her/his family use to define **hyperglycemia**
(**HIGH** blood sugar)?

_____ mg/dL

Which blood glucose value do the Camper and her/his family use to define **hypoglycemia**
(**LOW** blood sugar)?

_____ mg/dL

Date of **last severe hypoglycemia** (*day, month, year*) _____

How and with what does the Camper treat **low levels of blood glucose**?

Which are the Camper's **personal signs** or **symptoms of** low blood sugar (**hypoglycemia**)?

hunger	never	rarely	1-3/month	1-3/week	daily
pallor	never	rarely	1-3/month	1-3/week	daily
sweating	never	rarely	1-3/month	1-3/week	daily
shakiness	never	rarely	1-3/month	1-3/week	daily
headache	never	rarely	1-3/month	1-3/week	daily
aggressivity	never	rarely	1-3/month	1-3/week	daily
nausea	never	rarely	1-3/month	1-3/week	daily
convulsion	never	rarely	1-3/month	1-3/week	daily
other(s): _____			How often?	_____	_____

Date of **last convulsions** (*day, month, year*) _____

Has been hospitalized for **ketoacidosis** (DKA)? yes ___ no ___

Date of **last ketoacidosis** (*day, month, year*) _____

Last hospitalization for **ketoacidosis** (*day, month, year*) _____

Reason for last hospitalization _____

Does the Camper follow a food plan prescribed by a physician, Certified Diabetes Educator, or dietitian?

yes ____ no ____

Total daily **calories** _____

Number of meals daily _____

Number of snacks daily _____

Total **carbohydrates** daily _____

Carbohydrates **at breakfast** _____

Carbohydrates **at lunch** _____

Carbohydrates **at dinner** _____

Carbohydrates **in snacks** _____

How are food portions calculated?

by weight (*grams, ounces*) yes ____ no ____

by measures (*cup, teaspoon*) yes ____ no ____

by estimating (*visually*) yes ____ no ____

by "counting" grams of carbohydrates yes ____ no ____

What is the physical activity level of the Camper?

Very active _____ Somewhat active _____ Generally inactive _____

Types of human insulin that the Camper **currently** uses

Note: During the Campamento, Campers will use basal insulin **glargine/Lantus** and a prandial insulin analogue (*typically, insulin lispro/Humalog*); Campers who ordinarily use an insulin pump will choose either to continue with the insulin pump during the Campamento or to use injections to control blood glucose levels during the Campamento.

Lantus (glargine) yes ____ no ____

Humalog (lispro) yes ____ no ____

NovoRapid (aspart) yes ____ no ____

Regular (R) yes ____ no ____

NPH yes ____ no ____

Other(s) yes ____ no ____ Which one(s)? _____

Dosages of human insulin or human insulin analogue injected

Insulin # 1: *Type & Units* / Insulin # 2: *Type & Units*

Before breakfast _____ / _____

Before lunch _____ / _____

Before dinner _____ / _____

At bedtime _____ / _____

To correct hyperglycemia (*type and # of units*) _____

For Campers who use an “**insulin pump**” (continuous subcutaneous insulin injection):

Please indicate the human insulin or human insulin analogue that the he or she uses in the pump:

- regular/Regular _____
- lispro/Humalog _____
- aspart/NovoRapid/NovoLog _____
- glulisine/Shorant/Apidra _____

Doses of human insulin or human insulin analogue delivered via the insulin pump

Hora	Dosis basal	Dosis bolo (<i>comidas</i>)	Dosis corrección
00:00	_____	_____	_____
01:00	_____	_____	_____
02:00	_____	_____	_____
03:00	_____	_____	_____
04:00	_____	_____	_____
05:00	_____	_____	_____
06:00	_____	_____	_____
07:00	_____	_____	_____
08:00	_____	_____	_____
09:00	_____	_____	_____
10:00	_____	_____	_____
11:00	_____	_____	_____
12:00	_____	_____	_____
13:00	_____	_____	_____
14:00	_____	_____	_____
15:00	_____	_____	_____
16:00	_____	_____	_____
17:00	_____	_____	_____
18:00	_____	_____	_____
19:00	_____	_____	_____
20:00	_____	_____	_____
21:00	_____	_____	_____
22:00	_____	_____	_____
23:00	_____	_____	_____

<i>Confidential information</i>	Doctor: We ask that your medical report accompany the named Camper's application to attend Camp for children and adolescents with type 1 diabetes.
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CAMPER

Name _____ **Last name** _____

Gender Female ___ Male ___

Age _____ years

Weight _____ kilograms or pounds

Height _____ centimeters or inches

Blood pressure _____ mmHg

Thyroid	normal	_____	abnormal	_____	comments	_____
Eyes	normal	_____	abnormal	_____	comments	_____
Throat	normal	_____	abnormal	_____	comments	_____
Ears	normal	_____	abnormal	_____	comments	_____
Skin	normal	_____	abnormal	_____	comments	_____
Heart	normal	_____	abnormal	_____	comments	_____
Lungs	normal	_____	abnormal	_____	comments	_____
Abdomen	normal	_____	abnormal	_____	comments	_____
Digestive system	normal	_____	abnormal	_____	comments	_____
Genitourinary system	normal	_____	abnormal	_____	comments	_____
Menstruation (♀)	normal	_____	abnormal	_____	comments	_____
Neurologic functioning	normal	_____	abnormal	_____	comments	_____
Psychological functioning	normal	_____	abnormal	_____	comments	_____

Asthma
yes ___ no ___ Comments _____

Epilepsy
yes ___ no ___ Comments _____

Has the Camper had chickenpox?
yes ___ no ___ Comments _____

Does the Camper have celiac disease?
yes ___ no ___ Treatment? _____

Has the Camper been exposed to any contagious disease in the last month?
yes ___ no ___ Which one(s)? _____

Has the Camper been vaccinated for tetanus [*tetanus toxoid (DTaP)*] in the past 10 years?
yes ____ In what year? _____ no ____

HbA1c (glycated hemoglobin)

Date	(day, month, year)	_____	_____	_____	Result	_____	%
Date	(day, month, year)	_____	_____	_____	Result	_____	%
Date	(day, month, year)	_____	_____	_____	Result	_____	%

Other medicines prescribed and currently taken (*not including insulin*)

NOTE: Vaccination against Hepatitis B is recommended, due to risks of accidental pricks with the needles or lancets used in the control of diabetes mellitus, type 1.

COMMENTS:

I have examined the above-named child/adolescent and I certify that the state of her/his health does not represent an obstacle to participation in activities during Campamento Diabetes Safari 2011.

Signature _____

Name (*please print*) _____

Specialty _____

Address _____

Telephone number (*country/area codes = _____*) _____

E-mail _____

(*day, month, year*) _____

Deadline for receipt of this report is 1 April 2011, without exception.

Thank you for your support!

Campamento Diabetes Safari 2011
Centro Vacacional Oaxtepec
Yautepec, Morelos, México
27 – 30 April 2011

CAMPER

Name _____ **Last name** _____

I hereby apply for admission of my son or daughter, named above, to Campamento Diabetes Safari 2011 for children and adolescents with diabetes mellitus, type 1. I consent to my daughter's or son's being given the food plan, dose(s) of insulin(s), and daily blood glucose monitoring deemed optimal by the professional staff in charge of diabetes care at the Campamento. I consent to my son's or daughter's being given other care and testing that may be medically necessary while he or she is participating in the Campamento.

I understand that participation in the Campamento Diabetes Safari 2011 program is voluntary. I am aware of the legal stipulations that state, in part, that "all persons who undertake an educational excursion waive all claims against the organizers, their agents, suppliers, and employees and agree to hold the organizers, their agents, suppliers, and employees harmless in case of injury, accident, illness, death, or acts of omission or commission occurring during or as a result of the educational excursion."

With this [Legal authorization and agreement](#) in mind and in consideration of Campamento Diabetes Safari 2011's allowing my daughter or son to attend the Camp, I hereby release Campamento Diabetes Safari 2011, its agents, suppliers, sponsors, donors, employees, assigns, volunteers, and entire Staff from any and all liability and responsibility, for any reason, arising out of and in connection with her or his participation.

The Campamento does not provide insurance coverage. Aware of this fact, I authorize my son or daughter to participate in the 4-day program, as it is described on the main webpage www.diabetes-safari.com and related webpages, which I have reviewed and read in electronic or printed form. All consequences deriving from the omission of information related to the health, medical or special needs of the Camper are the responsibility of the Camper and his or her parents. The Campamento does not provide inter-city bus transportation to Campers; rather, transportation to and from the site of the Campamento (the Centro Vacacional Oaxtepec), is the responsibility solely of the Camper's family.

The Camper's parents will personally transport her/him to Campamento Diabetes Safari, on Wednesday, 27 April 2011, in order for her/him to arrive between 8 a.m. and 10 a.m.
Yes ___ No___

If "No," what arrangements ensure his/her on-time arrival at the Campamento?

The Camper's parents will personally pick her/him up on Saturday, 30 April 2011, between 4 p.m. and 5 p.m.
Yes ___ No___

If "No," what arrangements ensure his/her on-time departure from the Campamento?

I am aware of and will respect the policy established for the Camper's arrival on 27 April 2011, between 8 a.m. and 10 a. m., and for her/his departure on 30 April 2011, between 4 p.m. and 5 p.m.

In case it should be impossible to locate or communicate with the Camper's parents, below are the names and contact information of two (2) persons or alternates whom the Staff of the Campamento may contact in case of an emergency and to whom the Camper may be delivered, if necessary.

Name _____
Relation to Camper? _____
Telephone (home / work) (country/area codes = _____)
(cellular) (country/area codes = _____)
(e-mail) _____

Name _____
Relation to Camper? _____
Telephone (home / work) (country/area codes = _____)
(cellular) (country/area codes = _____)
(e-mail) _____

I freely and fully authorize my daughter's or son's current health care providers (including, but not limited to, physicians, registered nurses, diabetes educators [certified or not], registered dietitians, psychologists, psychiatrists, teachers, etc.) to release to the Staff of Campamento Diabetes Safari 2011 all relevant information about my son or daughter and his or her health and treatment for any chronic or acute medical condition, including diabetes mellitus, type 1.

The Campamento Staff does everything possible to ensure that clothing and other personal articles remain the property of their owner, but does not accept responsibility for lost, destroyed, or stolen objects. If the emotional or psychological conditions or the physical behavior of the Camper cause detriment or prejudice to the harmony and productive development of the event, or could be harmful or destructive to the Camper himself or herself, she or he will be suspended. Serious violations of the rules of conduct may result in the Camper's expulsion from the program, in which case at any time, day or night, the parents (or their alternates) will be contacted, so that they can come immediately to the Centro Vacacional Oaxtepec to take custody of and responsibility for the Camper.

In order to facilitate the prompt medical treatment of my daughter or son, whether because of accident or illness, I hereby consent to all medical or surgical treatment and testing of an emergency nature. With my signature, I authorize the physician appointed by the Directorate of the Campamento to order X-rays, routine laboratory tests, psychological support, and other treatments required for the Camper's health; I also give the physician permission to hospitalize and to order injections, anaesthesia, and/or surgery.

While Campamento Diabetes Safari 2011 may supply insulins, syringes, blood glucose and ketone monitoring supplies, and routine first-aid care required at Camp without cost to the Camper and his/her family, I assume personal responsibility for all costs associated with other foreseen and unforeseen medical treatments for my daughter or son, including, but not limited to, laboratory tests, x-rays, and emergency medical or surgical treatment at a hospital or clinic.

By my signature on this [Legal authorization and agreement](#), which consists of three (3) pages, I authorize the professional Staff of the Campamento to give my son or daughter any and all medicines sent from his or her home.

Medicines sent from home:

- Medicines sent from home are administered only with the parents' **written** permission.
- All medicines, including inhalers or nebulizers, are available day and night.
- All medicines must be in their original pharmacy container and should be clearly marked with the Camper's name, the name of the medicine, and instructions for the exact dose and times required.
- If the Camper may need an injection of adrenaline (such as the Ana Kit or Epi Pen), due to a severe allergic reaction, the adrenaline should be sent in the original pharmacy packaging, with the Camper's name and complete instructions for its use.
- The Camper's parents are responsible for making a list of all medicines sent with their daughter or son to the Campamento. The list should include: The name of the Camper, the name of the medicine, for which condition it is used, the correct dose, specific times at which it is administered, indications for its use, and any special instructions.

I consent to my son's or daughter's being photographed by the Campamento Staff and the other Campers, and I agree that any such photographs may be used, without or along with his or her first name (that is, *without her or his surname*), only in printed and/or internet publicity or material designed to raise funds to support Campamento Diabetes Safari in the future.

I have read, I understand, and I agree to the above-outlined terms and conditions of all waivers and agreements, and in accord with these terms and conditions, I authorize the Camper named above to attend and participate in all the programmed activities of Campamento Diabetes Safari 2011, from 27 - 30 April 2011, at the Centro Vacacional Oaxtepec, Yautepec, Morelos, México.

Father's/Guardian's name _____

Mother's/Guardian's name _____

By my signature, I guarantee that the information given by us in this application form is correct and truthful and that I am in free agreement and accord with the stipulated conditions:

Camper's name _____

Signature _____ (day, month, year) _____

Father's name _____

Signature _____ (day, month, year) _____

Mother's name _____

Signature _____ (day, month, year) _____

While I am a Camper at Campamento Diabetes Safari 2011 (27 – 30 April 2011), I agree to the following rules and required behaviors:

- I will not leave the grounds of the Campamento for any reason
- I will not physically or psychologically hurt either myself or any other Camper
- I will not intentionally keep my blood sugars either extremely high or extremely low
- I will avoid consuming foods except at mealtimes, snack times, or when required to treat hypoglycemia
- I will not damage or destroy the natural environment, the property of the Centro Vacacional Oaxtepec, or the personal property of any other person, because my family is financially responsible for the cost of any such damage.
- I will avoid acting in ways that conflict with accepted morality and human customs
- I will not smoke tobacco or use street drugs, alcoholic beverages, or weapons (such as guns or knives)
- I will not go into or near any swimming pool unless I am accompanied by at least one adult Staff member of Campamento Diabetes Safari
- I will not tease, harrass, make fun of or make negative ethnic, racial, religious, or political comments toward any person or group, present or absent from the Campamento
- I will not hit, push, shove, strike, or otherwise expose any person to danger, whether Staff, Camper, or employee or visitor of the Centro Vacacional Oaxtepec
- I understand and accept the fact that if I join with another person who is breaking these rules, we both will be expelled from the Campamento and must leave the premises
- I understand and accept that if I do not follow these rules,
 - I will be expelled from the Campamento
 - My parents will be required to remove me immediately from the Campamento
 - No return will be made to my parents for any part of the fees paid to allow me to participate in the Campamento
 - I risk losing the opportunity to attend Campamento Diabetes Safari in the future
- I understand that with my signature below I indicate my acceptance of this behavioral contract, which lasts for the duration of Campamento Diabetes Safari 2011.

Camper's name

Camper's signature

Date

As the Camper's mother or father, I have read and I understand the rules in this contract. I will participate in enforcing them. I have read and explained these rules to my son or daughter, and I believe that he or she understands them. I agree to come to withdraw my daughter or son if she or he does not comply with this contract.

Name of father or mother

Signature of father or mother

Date