

Gales Creek Camp Foundation - Regular Camp Application

This is a fillable pdf form. Please complete, save and email to forms@galescreekcamp.org. (Note your camper's name and camp session in the email title.) Or print the form and mail to: 6975 SW Sandburg St., #150, Portland, 97223. Please mail a deposit of \$75.00 or the full camp registration fee. We also accept Visa & Mastercard. Please call the office at (503)968-2267 to make this form of payment.

**COMPLETE APPLICATION FULLY WITH IMMUNIZATION DATES AND PARENT/GUARDIAN SIGNATURE BEFORE SUBMITTING
(Due to limited space incomplete applications will not be processed)**

Phone: (503) 968.2267 - Fax: (503) 443.2313

Camper's Name: _____

Birth Date: _____ Age: _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____

Home Phone (Include Area Code): _____

Circle grade camper will complete in June?: 2 3 4 5 6 7 8 9 10 11

School Camper Attending: _____

Previous Gales Creek Camp Camper? No Yes - years attended: _____

Parent(s) or Guardian(s): _____

Work phone (include area code): _____ Fax: _____

Other phone (include area code) Pager: _____ Cell: _____

E-mail address _____

Emergency Contacts – Other Than Parent or Guardian:

Name	Relationship	Day Phone	Evening Phone
_____	_____	_____	_____
_____	_____	_____	_____

Camp Sessions: Register for the grade your child will complete in June

Please place an "X" in the box of the camp session you desire.

Week	Grade	Dates
1	9,10 & 11	Sunday, June 24 – Friday, June 29
2	9,10 & 11	Sunday July 1 – Friday, July 6
3	7 & 8	Sunday, July 8 – Friday, July 13
4	7 & 8	Sunday, July 15 – Friday, July 20
5	5 & 6	Sunday, July 22 – Friday, July 27
6	5 & 6	Sunday, July 29 – Friday, August 3
7	2, 3 & 4	Sunday, August 5 – Thursday, August 9
8	2, 3 & 4	Sunday, August 12 – Thursday, August 16

Medical Information:

Diabetes Doctor's Name: _____ Doctor's Phone #: (____) _____

Doctor's Mailing Address: _____
City _____ State _____ Zip Code _____

Health Insurance Provider: _____

Policy Holder: _____

Group ID# _____ Subscriber ID # _____

Medical History:

Date Type 1 Diagnosed: _____

(Note: Only campers with Type 1 diabetes are eligible to attend GCC summer camp programs.)

Severe low blood sugar, seizures or coma within past year: no yes: (dates): _____

Other problems associated with low blood sugar?
(explain): _____

Ketoacidosis/hospitalization for diabetes within past year:
(dates/reason) _____

Insulin: Novolog Humalog Regular NPH Lantus Levemir Apidra
 Other: _____ **(Check All That Apply)**

Oral Diabetes Medication: No Yes - Name/dose: _____

Are you currently on an Insulin Pump?: No No, but will be prior to camp

Pumpers Must bring all of your own pump supplies, we provide Insulin!

Yes, date Started: _____

MiniMed Paradigm 508 Paradigm (specify type) _____ Animas (specify type) _____

Cosmo Spirit Ominpod Other _____

Special Dietary Requirements – Please Specify: vegetarian lactose intolerant gluten free

other, specify: _____

Drug/food allergies: _____

Other medical conditions: _____

Medications (other than insulin): _____
(medications must come to camp in original labeled container. This includes over the counter medicine.)

History Of Bedwetting: no yes

Special needs of camper (explain): _____

DATES of Immunizations: MUST BE COMPLETED TO REGISTER YOUR CAMPER.

Last Polio Booster _____

Last MMR _____

Last Diphtheria/Tetanus _____

Hepatitis B _____
1st Dose 2nd Dose 3rd Dose

I, _____, hereby grant permission to administer medical treatment, including, but not limited to, insulin adjustments as needed.

Sign

Date

Must be signed by parent/guardian or camper CANNOT attend the summer camp.

Camper must be accompanied by a parent/guardian to meet with the physician during camp registration. It is important for our physician to review your camper's current insulin schedule. If this is not possible, arrangements must be made with the Gales Creek Camp Medical Committee one week prior to camp. To make special arrangements contact the foundation office at 503-968-2267. Camp office is closed on Saturday.

Please complete and mail this application early to assure space at camp. Applications will be processed as soon as the \$ 75.00 deposit has been received unless prior arrangements are made.

Partial Camperships are available to families who can demonstrate a financial need for assistance: Please call the administration office for a campership financial aid form. Copies of your 2005 tax return will need to be submitted with your campership application.

You will receive a second mailing confirming your registration and additional information about Gales Creek Camp along with most frequently asked questions and what to bring to camp about 3 weeks before the start of your selected camp session.

This section form can be mailed separate from camp application.

Gales Creek Camp Application
PHYSICIAN'S SECTION

Signature Required To Attend Camp

Must be Received 4 Weeks Prior to Camp Session

Camper's Name: _____

Dates of Camp Session: _____

❖ Date of last physical examination: (**must be within 6 months of camp session**) _____

❖ **Date** of most recent Hemoglobin A1C: _____ & **result:** _____

Child may participate in the following:

Strenuous activity	Yes	No
Hiking	Yes	No
Swimming	Yes	No

Child has the following limitations:

Additional comments, concerns or recommendations: _____

I understand that the child's diet and insulin may be adjusted by the physician at camp as needed.
In my opinion, this child may participate in an active camp program, unless otherwise specified above.

Physician Signature

Date

Physician's Name {**please print**} _____

Address: _____

City: _____ State: _____ Zip: _____

Please Return Information To:
Gales Creek Camp Foundation for Children with Diabetes
6975 SW Sandburg # 150 Portland, Oregon 97223
Phone: 503.968.2267 Fax: 503.443.2313