

Gales Creek Camp Foundation For Children with Diabetes
Family Camp Application
August 17-19, 2008

**Please complete this application and return it with a \$100.00 deposit to our office at:
6975 SW Sandburg # 150 Portland, Oregon 97223
Phone: 503.968.2267 - Fax: 503.443.2313**

We Accept: MasterCard – Visa

Name of Child with Diabetes: _____

Date of Birth: _____ Age: _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____

Home Phone (include area code): _____

Circle grade camper will complete in 2007: 1 2 3 4 5 6

Medical History:

Date Type 1 diabetes 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 Other: _____
(Check All That Apply)

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

Are you currently on an Insulin Pump?:

No, but will be prior to camp Yes, date Started: _____

Minimed 508 Paradigm (specify type) _____ Disetronic (specify type) _____

Cosmo Spirit Animas (specify type) _____ Other _____

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Special Dietary Requirements – Please Specify: none vegetarian lactose intolerant

gluten free other: specify _____

Drug/food allergies: _____

Other medical conditions: _____

Medications (other than insulin): _____

All medications MUST come to camp in the original labeled container. Including over the counter medicine.

History Of Bedwetting: no yes

Special needs of camper (explain): _____

Parent's goal(s) in attending family camp:

Please list names and ages of other family member attending family camp: **A maximum of 4 family members can attend, including camper. Siblings less than 3 years of age cannot attend family camp.**

1. _____ Age: _____

2. _____ Age: _____

3. _____ Age: _____

Do any other family members have special needs (diet, diabetes, disabilities etc.)?

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Child's Parent(s) or Guardian(s): _____

Work Phone: _____
(include area code)

Daytime Phone: _____
(include area code)

Emergency Contact – Friend or Relative: _____

Work Phone: _____
(include area code)

Daytime Phone: _____
(include area code)

Parent or Guardian Signature: _____

Date: _____

Family Camp Registration Fees: Financial assistance available – 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.

- ☒ Families of Two: \$250.00 (Includes Camper)
- ☒ Families of Three or Four: \$400.00 (Includes Camper)

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Immunization Record Information
Required for ALL Children Attending Family Camp

DATES of Immunizations – Camper with Diabetes – Name: _____

Last Polio Booster: _____ Last MMR: _____

Last Diphtheria/Tetanus: _____ Hepatitis B: _____

DATES of Immunizations – Child #2 – Name: _____

Last Polio Booster: _____ Last MMR: _____

Last Diphtheria/Tetanus: _____ Hepatitis B: _____

DATES of Immunizations – Child #3 – Name: _____

Last Polio Booster: _____ Last MMR: _____

Last Diphtheria/Tetanus: _____ Hepatitis B: _____