

**Gales Creek Camp Foundation
2010 Family Camp Application**

**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
(Credit Card Authorization can be found on our Website under Forms Tab)**

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 this year (2010): K 1 2 3 4

Please Select Session:

____ **Sunday August 1st-Monday August 2, 2010
(For Grades K, 1 & 2)**

____ **Tuesday August 3rd-Wednesday August 4, 2010
(For Grades 2, 3, & 4)**

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 Levemir Apidra
 Other: _____ **(Check All That Apply)**

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

Pumpers- Must bring all of your own supplies- we provide Insulin only!

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

Minimed Paradigm (specify type) _____ Animas (specify type) _____

Cosmo Spirit OmniPod Other _____

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 medicines.**

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.)?

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 GCC Office at 503-968-2267 for a campership form. Copies of your 2009 Tax Return and a Confidential Meal Form will need to be submitted with your campership application- we will be happy to help you fill out the form.

- ☒ Families of Two: \$200 (Includes Camper)
- ☒ Families of Three: \$250 (Includes Camper)
- ☒ Families of Three or Four: \$300 (Includes Camper)

Revised 10/2009

Immunization Record Information

Required for ALL Children Attending Family Camp

<i>DATES</i> of Immunizations – Camper with Diabetes – Name: _____	
Last Polio Booster: _____	Last MMR: _____
Last Diphtheria/Tetanus: _____	Hepatitis B: _____

<i>DATES</i> of Immunizations – Child #2 – Name: _____	
Last Polio Booster: _____	Last MMR: _____
Last Diphtheria/Tetanus: _____	Hepatitis B: _____

<i>DATES</i> of Immunizations – Child #3 – Name: _____	
Last Polio Booster: _____	Last MMR: _____
Last Diphtheria/Tetanus: _____	Hepatitis B: _____