

ALL FORMS FOR ALL PROGRAMS

2024

Overnight Camp

Family Camp

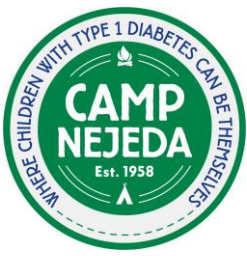
BFF Weekend

Day Camp



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REGISTRATION FORMS CHECKLIST 2024

*The following forms need to be completed and/or on file **BEFORE** your child comes to camp.
Additional copies of forms can be downloaded at www.campnejeda.org.*

RETURN to Camp with Registration Form

- Health History to be completed by parents
- Developmental History Form
- Continuous Glucose Monitor and Cell Phone Form, if applicable
- Medical Privacy Policy & Disclaimer (HIPPA Form)
- Administration of Medications at Camp Neveda

RETURN to Camp by MARCH 1, 2024

- Photocopy of child's immunization record(s) (no form enclosed)

RETURN to Camp by MAY 1, 2024

- Health Exam form to be filled out by your child's diabetes physician

BRING to Camp on INTAKE DAY

- Health Insurance and Prescription card so that a copy can be made
- (Sessions 2 & 3 ONLY) An envelope with trip spending money. We suggest \$40.00. Put your child's name and amount on the outside of the envelope. Money to pay for optional trips (Hiking - \$20; Rafting - \$40) will be collected during intake

PARENT INFORMATION (read, do not return)

- Camper Packing Guide
- A Note from the Medical Committee
- Head Lice Policy
- Medical Supplies Packing Guide
- Directions to Camp Neveda
- Extra Activity List (Sessions 2 & 3 ONLY)
- Nutrition and Diet Policy
- Camper Internet and Technology Policy
- Closed-Loop Insulin Pump Policy

These forms help us to plan for your child's visit.
Incomplete or missing forms slow down the intake process for everyone.

Please return all forms before or by the dates indicated above.

Thank you.



Summer and Extended Programs

2024 Registration

Please complete all 3 pages of the application and return it with \$50 non-refundable registration fee

Overnight Sessions:	Camper's Age	Dates	Price per camper*	Day Camp Sessions:	Dates	Price per camper*
<input type="checkbox"/> Session 1 – one week (5 nights)	7-12 years old	Jul 2 to Jul 7	\$1,200	<input type="checkbox"/> South Jersey – Week 1	Jul 8 to Jul 12	\$450
<input type="checkbox"/> Session 2 – two weeks (12 nights)	8-13 years old	Jul 9 to Jul 21	\$2,300	<input type="checkbox"/> South Jersey – Week 2	Jul 15 to Jul 19	\$450
<input type="checkbox"/> Session 3 – two weeks (12 nights)	13-16 years old	Jul 23 to Aug 4	\$2,300	<input type="checkbox"/> South Jersey – Both Weeks	Jul 8-12 & Jul 15-19	\$850
<input type="checkbox"/> Session 4 – one week (5 nights)	11-15 years old	Aug 6 to Aug 11	\$1,200	<input type="checkbox"/> Other locations – 1 week	TBD	TBD
<input type="checkbox"/> Session 5 – one week (5 nights)	7-15 years old	Aug 13 to Aug 18	\$1,200			

*Price includes \$50 registration fee (refundable until May 1 unless Camp Neveda cancels the program).
 **Due to capacity limitations and our desire to ensure that every child is able to go to Camp Neveda that wants to, campers are limited to one overnight session during Summer 2024.

*Price includes \$50 registration fee (refundable until May 1 unless Camp Neveda cancels the program).
 All Day Camps are ages 6-15.

Family Camp Sessions:	Dates	Price per family of 4**	Spring Programs:	Dates	Price per Camper*
<input type="checkbox"/> June Family Camp	Fri, Jun 21 – Sun, Jun 23 (2 nights)	\$1,000	<input type="checkbox"/> Spring BFF Weekend	Jun 7 to Jun 9	\$275
<input type="checkbox"/> August Family Camp 1	Sun, Aug 18 – Tue, Aug 20 (2 nights)	\$1,000			
<input type="checkbox"/> August Family Camp 2	Thu, Aug 22 – Sat, Aug 24 (2 nights)	\$1,000			
<input type="checkbox"/> Labor Day Family Camp	Sat, Aug 31 – Mon, Sep 2 (2 nights)	\$1,000			

**Price includes programs, accommodations and food for up to four family members. Price includes \$50 registration fee (refundable until May 1 unless Camp Neveda cancels the program). Additional family members are \$75 each.

*Price includes \$50 registration fee (refundable until May 1 unless Camp Neveda cancels the program).
 BFF Weekend ages 6-16.

CAMPER'S NAME: _____
LAST FIRST M.I.

BIRTHDATE: _____ M F Other: _____ Preferred Pronouns: _____

ADDRESS: _____
STREET APT #

CITY STATE ZIP COUNTY: _____

Parent One _____
 Relationship to camper _____
 Address (if different) _____

 Email _____
 Employer _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____

Parent Two _____
 Relationship to camper _____
 Address (if different) _____

 Email _____
 Employer _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____

IN EMERGENCY, if parents or guardians cannot be reached, notify:
 _____ Relationship _____ Cell Phone _____

Please complete all 3 pages of the application – thank you!



Continued from page 1

CAMPER'S NAME: _____

RACE (circle): American Indian/Native American Native Hawaiian/Pacific Islander African American Hispanic Asian White

To celebrate the diverse backgrounds of everyone at Camp Neveda, flags are displayed in the dining hall which represent our cultural heritage. If you would like to participate, please tell us which countries you would like included:

Age when at camp in 2024 _____

FAMILY CAMP: Number of family members attending (adults and children): _____

Children's Names (checkmark indicates child with diabetes):

<input type="checkbox"/>	_____	DOB _____	<input type="checkbox"/>	_____	DOB _____
<input type="checkbox"/>	_____	DOB _____	<input type="checkbox"/>	_____	DOB _____

Adults' Names (with DOB): _____

Does your camper use an insulin pump? Yes No If yes, what type? _____

Does your camper use a Continuous Glucose Monitor (CGM)? Yes No If yes, what brand? _____

Is your camper currently planning on using their CGM at camp? Yes No

Is your camper going to be using a cell phone as the CGM Receiver? Yes No If yes, what type? _____

**If yes, please make sure to familiarize yourself with the CGM Policy Form.*

Where did you learn about Camp Neveda? _____

Is your camper a first-time or repeat camper at Camp Neveda?

First-Time Camper: Welcome! New campers have the opportunity to be assigned a Dia-buddy: a returning camper they can connect with before camp, who is registered to attend their camp session. Are you interested in having a Dia-buddy? Yes No

Returning Campers: Welcome back! Is your camper interested in becoming a Dia-buddy to help welcome a new camper to camp? Yes No

By signing below, I give Camp Neveda permission to give my name and contact information to another camper parent for the purpose of my child's participation in the Dia-buddies program.

Signature _____ Date _____

Please complete all 3 pages of the application – thank you!

Return completed form to: CAMP NEVEDA, P.O. Box 156, Stillwater, NJ 07875-0156
Phone: (973) 383-2611 Fax: (973) 383-9891 www.campnejeda.org



Continued from page 2

CAMPER'S NAME: _____

- Summer Camp, Day Camps, and Extended Programs: I hereby am registering my child for camp. I give consent to the administration of insulin and whatever other medical care and advice may be deemed necessary while at camp. In case of emergency, I understand every effort will be made to contact parents or guardians of campers. In the event that I cannot be reached, I hereby give permission to the camp physician and/or camp director to hospitalize, secure treatment for my child, as named, and hereby release the camp from any liability for any accident or injury to said child occurring at camp or on a camp-sponsored trip off the camp site.
- Family Camp: I accept responsibility for my care and the care of my family while at Camp Neveda.
- Image Release: I give permission for the use of pictures, images or other likenesses of my child and/or family to be used for promotion, educational material or other purpose deemed necessary by the Camp Neveda Foundation, Inc.
- Cancellations / Refunds: Fees (minus the registration fee) will be refunded up until 2 months before the camper's session begins. Within two months of the session, a refund or credit may be applied if the camper's spot is able to be filled. Registration fees are refundable until May 1 unless the camp program is canceled by Camp Neveda.
- Camp Neveda Communications: Camp Neveda communicates with parent(s)/guardian(s) of campers using assorted communication tools including email, telephone, text, and US Mail. I give permission for Camp Neveda to send communications to the family - *please do not opt-out/unsubscribe.*"

Signature _____ Date _____ Relationship to Camper _____

Bunkmate Request _____

Our program staff will do all they can to grant **reciprocal** cabinmate/staff requests, but they are not guaranteed. (If BOTH camper families do not make the request then we may not be able to accommodate you.) Thank you for your understanding!

To inquire about the availability of an all-gender housing, please contact victoria.benyo@campnejeda.org.

PAYMENT INFORMATION: (Check all that apply. Remember to include registration fee in calculations.)	
<input type="checkbox"/>	I have enclosed a check / money order in the amount of \$ _____ and will pay any balance owed before May 1, 2024.
<input type="checkbox"/>	I am paying the entire balance now.
<input type="checkbox"/>	I have enclosed the \$50 registration fee and would like to set up a payment plan. (Full payment is due by May 1, 2024.) Number of payments (circle): 1 2 3 4 (Full payment is due by May 1, 2024) Dates: 1 _____ 2 _____ 3 _____ 4 _____
<input type="checkbox"/>	I will send my payments by check or money order payable to: Camp Neveda.
<input type="checkbox"/>	I will call the office to make a credit card payment.
<input type="checkbox"/>	I have enclosed the \$50 registration fee. Payment will be coming from a third party (other than a parent/guardian). Please include contact information for the third party: _____
<input type="checkbox"/>	I have enclosed the \$50 registration fee. I will be applying for financial aid. (Applications are available online now or you can request a paper copy from our office at 973-383-2611. Applications must be submitted by April 15, 2024.)
<input type="checkbox"/>	Please accept my tax-deductible donation in support of Camp Neveda's programs for children and families with diabetes. \$ _____

Please complete all 3 pages of the application – thank you!

Return completed form to: CAMP NEVEDA, P.O. Box 156, Stillwater, NJ 07875-0156
Phone: (973) 383-2611 Fax: (973) 383-9891 www.campnejeda.org



CAMPER HEALTH HISTORY 2024 page 1 of 2

(To be completed by Parents)

Camper _____ Birthdate _____ Session _____
Last Name First Name

Parent or Guardian _____ Home Phone _____
Home Address _____ Cell Phone _____
Home Email Address _____ Occupation _____
Employer Name _____ Employer Phone _____
Business Address _____

Second Parent or Guardian _____ Home Phone _____
Home Address _____ Cell Phone _____
Home Email Address _____ Occupation _____
Employer Name _____ Employer Phone _____
Business Address _____

If not available in an emergency, notify:

Name _____ Relationship _____ Phone _____
Address _____

HEALTH HISTORY

Frequent Ear Infections _____ Hypertension _____
Heart Defect/Disease _____ ADHD _____
Diabetes _____
Asthma _____
Bleeding/Clotting Disorders _____
Convulsions/Seizures most recent date: _____
Incontinence (bedwetting, soiling) _____
Environmental Allergies _____ Food Allergy (need MD verification) _____
Insect Allergies _____ Medication Allergy _____
Other _____

Operations or serious injuries (include dates) _____

Does your child require any medication other than insulin? _____ If yes, please complete the Administration of Medication form and list medications here:

Name of Family Physician/Pediatrician _____ Phone _____

Name of Endocrinology Practice: _____ Location: _____

Name of Endocrinologist(if applicable) _____ Phone _____

Name of Dentist/Orthodontist _____ Phone _____

Do you carry family medical/hospital insurance? _____ If yes, indicate Carrier: _____
Policy or Group # _____

Prescription Plan _____

YOU MUST BRING YOUR INSURANCE CARD TO CAMP AT INTAKE TO BE PHOTOCOPIED.

Name of Subscriber _____ Subscriber's Date of Birth _____

[COMPLETE AND SIGN PAGE TWO]

HEALTH HISTORY 2024 page 2 of 2

Campers with diabetes, please complete the following section:

Has your child ever had a seizure with a low blood sugar? _____
If on an insulin pump, please list brand/model: _____ Pump serial number: _____
If on an insulin pump, when did they begin using this pump? _____
Has he/she had any problems with this pump? (If yes, please describe) _____

If on an insulin pump, what is their level of independence? (check any that apply)
 Able to input carbs into pump with adult supervision Requires nurse to enter carbs into pump
What was the result and date of your child's last Hemoglobin A1c (HbA1c)? _____ Test Date: _____
Diabetes Diagnosis Date (month/year): _____ Age at Diagnosis: _____
What rapid acting insulin does your child use? _____ Long acting? _____

If on injections, what skill(s) does your child have? (check any that apply)
 Prepares pen for injection Injects self None of the above
=====

What is your child's level of activity? Active Moderate Sedentary If sedentary, how many hours/day are they sedentary? ____
If applicable: Has your child ever had a period? _____ If not, has your child been told about it? _____
If yes, does your child have periods every month? _____ Any problems with periods? _____

*****PLEASE NOTIFY THE CAMP IF CHILD HAS ANY ILLNESS (including a mental health crisis) WITHIN THREE WEEKS PRIOR TO CAMP.*****

PLEASE NOTE: YOU MUST PROVIDE A COPY OF YOUR CHILD'S IMMUNIZATION RECORD FROM HIS/HER DOCTOR OR SCHOOL. YOUR CHILD CANNOT BE ALLOWED IN CAMP WITHOUT THIS INFORMATION. *Please submit by 3/1/2024.*

Suggestions for camp medical personnel _____

If my child attends camp, I give consent to the administration of insulin and whatever other medical care may be deemed necessary while at camp. In case of MEDICAL EMERGENCY, I understand every effort will be made to contact parents or guardians of campers.

I do hereby state that I am the parent/guardian having legal custody of _____ a minor, age _____

I authorize Camp Nejedra to consent to any laboratory or X-ray examination, anesthetic, medical or surgical treatment and hospital care to be rendered to my child under the supervision of a licensed physician. I hereby release the camp from liability for any accident or injury to said child occurring at camp or on a camp-sponsored trip off the site. Camper's forms may be photocopied as necessary.

Signature _____ Date _____
Print Name _____ Relationship to Camper _____



DEVELOPMENTAL HISTORY 2024

Camper _____
Last Name First Name

Session _____

Does your child have a 504 or IEP at his/her school for any reason other than their diabetes? Yes No

If your child has an IEP or 504 at school, would you be willing to share important topics of the document with us? Yes No

If yes, please list important topics:

Have there been any recent changes in your family dynamics (divorce, separation, death of loved one, etc.)? Yes No

If yes, please explain:

Have there been any impactful events in your child's life in the past year (change of home or school, etc.)? Yes No

If yes, please explain:

Has your child been hospitalized or evaluated for any mental health concerns? Yes No

Does your child have any emotional or behavioral challenges (homesickness, anxiety, socialization challenges, etc.) that we can help to manage in the camp setting? Yes No

If yes, please share details:

If your child becomes upset, what kinds of coping mechanisms do they use to calm down?

Does your child have any physical issues that we will need to know about during his/her stay at camp (bedwetting, sleep walking, night terrors, etc.)? Yes No

If yes, please share details:

Is there anything about your child that you can share with us that will help your child to succeed at camp? Yes No

If yes, please explain:

What are your camper's interests?

What are your camper's biggest fears?



Continuous Glucose Monitors (CGM) and Cell Phones 2024

(Please read, sign and return if applicable)

Camper _____ Birthdate _____ Session _____

Cell Phones

At Camp Nejedra we keep campers as safe and healthy as we can while they have fun and learn. Many diabetes devices require that a camper have a cell phone nearby to continuously monitor their glucose or control their insulin pump. The cellphone is permitted as a medical device only; using the cell phone for other purposes is not allowed at camp. The camper will be responsible for carrying the phone during the day and charging the phone nightly.

A camper/family may opt for the phone to be used for night time monitoring only. Those cell phones will be locked in their cabins so that their glucose can be monitored in the Health Center at night.

1. Nejedra will not be responsible if the cell phone or CGM receiver is lost, stolen or damaged.
2. At intake the SIM card will be given to the parent/guardian to take home. This prevents a camper from using their phone for any non-medical purpose. (This does not apply to BFF Weekends.)
3. The phone will be connected to a limited Wi-Fi to allow the Health Center to monitor glucoses.
4. At intake, we will turn off any communication from the cell phone to the parents/guardian, e.g., following glucoses. (This does not apply to BFF Weekends.)
5. Campers will not be allowed to use the phone to call, text, take pictures or access the internet. Taking pictures is prohibited because other campers have not consented to have their pictures taken.
6. Failure by campers and/or parents to follow these rules will result in the cell phone being inactivated and placed in the camp director's office for the remainder of camp and can also result in camper being sent home from camp.
7. Please make sure you pick up your child's cell phone, charger and cord at the end of camp. If you neglect to do so, we have to charge a nominal fee for shipping it.

CGMs

This policy and procedure is intended to allow the maximum benefit from CGMs with the least burden for the camper, counselor, and medical staff.

CGMs potentially reduce the risk of missing important hypo- or hyperglycemia and, for those models and camper ages that are FDA approved, provide an alternative to finger stick glucose measurements. CGMs require responding to their alarms, which may require a check of blood glucose with a meter.

Since CGMs monitor the glucose surrounding the cells (interstitial) instead of blood glucose, the readings are delayed by about 15 minutes compared to blood glucose.

1. Whenever possible, CGM readings will be used to manage a camper's diabetes. There may be times when a finger stick is necessary, particularly if the CGM alarms.
2. Because camp is noisy and tired people sleep soundly, any receiver alarm will be set at its loudest. The repeat alarm interval will be set at 30 minutes for a low glucose and 120 minutes for a high glucose. (This does not apply to BFF Weekends.)
3. At camp the low glucose alarm will be set at 70 and the high alarm at 300 mg/dl to maximize the value of the alerts and minimize interruptions in activities and sleep. (This does not apply to BFF Weekends.)
4. If the camper so chooses or at the discretion of the pediatric endocrinologist at camp, use of the CGM may be discontinued for all or part of the day. The endocrinologist will most likely discontinue use of the camper's CGM if it has many false alarms.
5. We understand that some parents are able to follow their child's BG readings through certain apps that connect directly to the Dexcom servers. Although we will not be removing apps from a parent's phone, we do strongly encourage parents to temporarily disconnect their follow capability in order to take a well-deserved respite from the stress of constantly having to monitor diabetes. Be assured that we are also following your child. We will receive the same alerts and treat them accordingly and in a timely manner.

I have read and understand the above Nejedra policy regarding Cell Phones and CGMs.

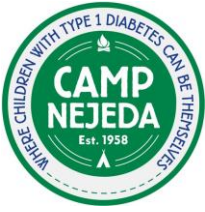
Parent's signature _____

Date _____

Camper's signature _____

Date _____

Revised 9/2023



MEDICAL PRIVACY POLICY AND DISCLAIMER 2024

Camper _____ Birthdate _____ Session _____
LAST NAME, FIRST NAME

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects the privacy of a patients' health information. Although Camp Neveda is not a health care provider, we are telling you some of your rights under HIPAA. Personal health information (PHI) includes information about: (1) an individual's physical or mental condition; (2) the provision of health care to an individual; and (3) the payment for health care.

Camp Neveda makes an intense effort to maintain the confidentiality of any Private Health Information (PHI) that we think or you tell us is sensitive except as related to diabetes as noted below. The files are kept locked and are only available to medical personnel, the camp director, the executive director and his/her designees. Since, the medical care at Camp Neveda is administered by a team, anyone on that team, including nurses, doctors, residents and a health center administrative person, may require access to an individual's record. In addition, if care is required in an Emergency Room or other health care facility, personnel at such facilities may need and will be given access to an individual's medical records.

However, Camp Neveda cannot guarantee the confidentiality of the PHI of campers or staff. This includes glucose readings, insulin doses, and medications taken by an individual other than insulin. Since glucose measurement, insulin administration and medication administration are performed in a group setting, anyone in the group might view another person's health information or recognize the medicine that another person is taking,

A patient's personal health information may not be used for purposes unrelated to health care, nor can such information be shared with or marketed to an outside business such as a life insurer or marketing firm without a patient's written authorization. An authorization allows the use and disclosure of protected health information for purposes other than treatment, payment and health care operations. Other than the information that might be discernable to others in a group setting, Camp Neveda maintains the strict confidentiality of all other medical information.

Release and Consent

I have read the above and understand the limits to which my or my child's personal medical information will be protected by Camp Neveda. I agree that these limits are reasonable and that the medical information cannot be kept as confidential as it might be in a medical facility. I understand that Camp Neveda is not offering any method to enhance confidentiality beyond what is stated above. If the limits are unacceptable, I will withdraw my child from participation in Camp Neveda.

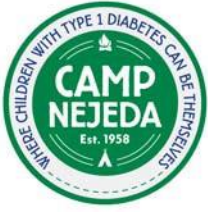
Printed Name of Signer

Relationship to Camper

Authorized Signature

Date

PO Box 156 • 910 Saddleback Road • Stillwater, NJ 07875-0156
Phone: (973) 383-2611 • Fax: (973) 383-9891 • E-mail: information@campnejeda.org



Administration of Medications 2024

Dear Parent/Guardian,

We need you and your child's doctor to complete this form to help us safely administer medicines (both prescribed and "over the counter") and supplements to minors (campers and a few counselors) at camp. Camp Neveda prohibits campers and staff from having medication in their possession and from administering their own medication. If the nurse is to administer the medication, parental permission and a written statement from the physician prescribing the medication is required. This applies to all prescription and non-prescription medications or necessary "dietary supplements."

Please do not use this form for the following medications as we keep them in stock and have a standing order from our Medical Director to administer them as needed: insulin, acetaminophen (Tylenol), ibuprofen (Motrin, Advil), calcium carbonate (Tums), diphenhydramine (Benadryl), glucagon, cough drops, throat spray, epinephrine (Epi-pen) and Maalox/ Mylanta.

Please use a separate sheet for each medicine/supplement.

Parent/Guardian Request for Administration of Medicine/Supplement at Camp

I request that my child _____

Receive _____ while at camp.

(Specify: medicine, by mouth or other, dose and time(s) of day)

(Parent/Guardian Signature)

(Date)

Please bring medication to camp in its original pharmacy container labeled with child's name, drug name, dosage, time(s) to be given and prescribing provider's name. Thank you for your cooperation in this matter!

Provider Request for Administration of Medicine/Supplement at Camp

Name of Patient _____ Birth Date: _____

Name of Drug/Supplement _____

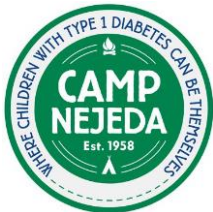
Dose: _____ Time(s) of Administration _____

Reason for Medication: _____

Side Effects: _____

Provider Name: _____ Signature: _____

Provider Address: _____ Phone # _____



HEALTH EXAMINATION BY LICENSED PROVIDER 2024

(Preferably completed by child's endocrinologist – Must be returned **by May 1, 2024**)

Camper _____ Birthdate _____ Gender _____ Session _____
LAST NAME, FIRST NAME

Date of DM onset _____ OR Age at onset _____ Date of Last Exam _____
(Must be within the past 12 months)

Height _____ cm / in %-tile _____ Weight _____ kg / lb. %-tile _____ B/P _____

Other pertinent physical findings _____

Date of Last HbA1c _____ HbA1c _____

History of DKA, Nocturnal Hypoglycemia, Hypoglycemia requiring IV Glucose or IM Glucagon:

(Please include dates) _____

Allergies (must be indicated to be recognized at camp):

Reaction to allergens:

Other Medical Conditions _____

Other Medications _____

Activities to be encouraged or limited at Camp _____

Are there any physical, emotional or behavioral health issues which might create a problem for him/her at camp?

Provider: PLEASE ATTACH A COPY OF THE PATIENT'S MOST UP TO DATE INSULIN REGIME AND INDICATE IF PARENT/GUARDIAN IS ALLOWED TO MAKE SMALL CHANGES ON THIS REGIME

Licensed Provider's Signature _____

Date of Completion _____

By _____ (initial if completed by nurse/asst.)

Stamp required here



Camper Packing Guide

For everyday use at camp, **PACK OLD CLOTHES**. Please put camper's name on ALL articles*. No money or valuables are to be left in camper cabins. Camp Neveda is not responsible for items lost, destroyed, or left at camp. Camp Neveda provides all diabetes supplies. Please review the form Pumps, Pens, and Non-diabetes Medications for important information on bringing those items to camp.

Campers in Session 2 and 3 have access to laundry services at no cost. Campers should still pack enough of the following items to cover at least one week (two weeks when not planning on using the laundry service). **The suggested numbers below are for TWO weeks.** Adjust down for one-week stays where possible.

Clothing

Shirts	12	___
Sweatshirt/sweater	3	___
Shorts	6	___
Jeans/pants	4	___
Underwear	12	___
Sock pairs	12	___
Pajamas (1 warm)	4	___
Swimsuits	2	___
Plain colored shirts	1	___
Jackets	2	___
Raincoat	1	___
Laundry bag	2	___
Water shoes/sandals	1	___

Clothing Cont'd

Sneakers	2	___
Hiking shoes/boots	1	___
Casual Dance Outfit	1	___

Nice shorts/polo or sundress

Cabin Items

Sheets (twin)**	3	___
Pillowcases	2	___
Pillow	1	___
Blankets	2	___
Flashlight	1	___
Extra batteries		
Tissues		
Small fan		

Personal Care

Face Cloths	2	___
Towels	3	___
Toothpaste		
Toothbrush		
Deodorant		
Shampoo/conditioner		
Shower caddy		
Sunscreen		
Bug repellent		

Optional

Swim goggles		
Sleeping Bag		
Musical Instrument		
Rash guard/swim shirt		

PLEASE BRING A WATER BOTTLE LABELED WITH YOUR CAMPER'S NAME.

*For sanitary reasons we ask that sleeping bags NOT be used instead of bunk linen. *Sleeping bag is used for an evening campout during Sessions 2 & 3 and possibly for star gazing during the 1-week sessions.*

NOTE: If a sandal can be bent in half it is not sturdy enough to be worn at camp. Sandals AND Crocs may be worn at camp and are SAFEST if they have a heel strap. Flip-flops CANNOT be worn as normal footwear at Camp Neveda and may ONLY be worn for showering and the pool.

OPTIONAL

Storage container for foot of bed (3.5ft) or under bed (8-in clearance)

Fishing gear, Bicycle with helmet, Personal Sporting Equipment, Swim Goggles, Games and Books

While medical face masks are not required, you are free to send them to camp with your child.

If you would like to receive mail from your camper, please send self-addressed, stamped envelopes and/or postcards. This is a big help to your camper's counselor. Write early and often, please put cabin and spec number on all letters and packages to your camper. This is your child's ID number at camp. You will receive this number on Intake Day. You may send mail prior to your camper's session. Please mark with your camper's name and session.

NOT ALLOWED AT CAMP

The following items will be taken away and kept in the office: cell phones (see CGM and Cell Phone Policy for exceptions); smart watches; rollerblades; skateboards; swim fins, swim masks, and snorkels; food, candy, gum; knives, axes, and all cutting tools; matches, sparklers, caps, etc.; cigarettes, vapes, valuables, and money.

NO INSULIN OR MEDICATIONS ARE ALLOWED IN CAMPER CABINS.

* - Mabel's Labels will donate 20% of your purchase to Camp Neveda by using this link:

http://mabelslabels.ca/en_CA/fundraising/support



A NOTE FROM THE MEDICAL COMMITTEE 2024

Camp Neveda's Health Center staff are committed to (1) helping each camper have an enjoyable experience in a safe and healthy setting and (2) increasing the camper's knowledge about diabetes management. Good diabetes control is important for children with diabetes; however, life at camp is very different from life at home (e.g., meals and activity level) and therefore, diabetes management in a camp setting can pose special challenges. We recognize that we cannot always customize the management of your child's diabetes at camp as well as you do at home and we continue to do the best we can.

INSULIN DOSES: The medical staff usually prescribes lower insulin doses at camp than those used at home. Since we review every camper's blood glucose (BG) levels at least daily, we sometimes achieve better control than is achieved at home. It is possible that, despite our best effort, BG control may not be as good as it is at home. Regardless, the Health Center staff (nurses and doctors) will provide real-time feedback to help the camper understand the causes and effects in diabetes management. We give the insulin for food before the meals, which is best for diabetes control. Each camper is shown a menu and asked what s/he plans to eat. If s/he eats more than planned, additional insulin is given after the meal. Children using tubed pumps will get a morning dose of Levemir before water trips so their pumps can safely be disconnected for 12 hours.

HYPOGLYCEMIA TREATMENT: When a camper's glucose is low (less than 70 daytime, less than 100 nighttime), we use a standard treatment protocol for all campers. The camper is given glucose tablets (juice overnight) followed by a complex carbohydrate snack. For those in closed loop mode on a closed loop pump, we use a reduced treatment protocol. We cannot customize treatment for individual campers except in cases where there are medically documented dietary restrictions, e.g. gluten free. If your child experiences a hypoglycemic event while at camp and requires glucagon, we will be administering whichever type of glucagon is most readily available at the time and will notify you about the event.

SKILLS: The staff will assist campers who express an interest or appear ready to advance in their independent diabetes management skills, but no undue pressure will be applied. When a child demonstrates a new skill, such as using a new site, they are recognized by the camp at the next meal as a "sharp shooter".

INTAKE: When you bring your child to camp on Intake day you will meet with the Health Center staff. This is an opportunity to discuss any concerns or questions you may have regarding your child's care at camp. When you retrieve your child the Health Center staff will be available to review your child's diabetes record and answer your questions. To protect all the campers, we take each child's temperature and inspect them for lice and visible signs of infection on intake day. Any child with a fever or lice has to be sent home. (See Head Lice Policy form for details.)

The Health Center is staffed 24 hours a day and is able to handle everything from minor injuries to true emergencies should they arise. You can call the Health Center phone 973 383-8556 any time to check on your child's diabetes status, but you may have to leave a message if no one can answer your call immediately. Your call will be returned within 18 hours. For questions other than medical care, please call the main office 973 383-2611.

NOTIFICATION: Either a doctor or nurse will notify the camper's parent(s)/guardian(s) if a serious medical event occurs at camp. Notification may be done after the event is resolved, at the discretion of the HC staff. Events that warrant notification include (but are not limited to): a trip to Urgent Care or the Emergency Room, serious hypoglycemia (involving a seizure or loss of consciousness), severe ketoacidosis or dehydration, the need for prescription medication, any illness requiring an overnight stay in the Health Center or any medication error more serious than a minor insulin miscalculation.

Thank you,
The Medical Committee 2024

Revised 9/2023



HEAD LICE POLICY

WHAT ARE HEAD LICE?

Head lice are tiny insects that live in, and lay eggs (nits) on, human hair. Head lice are highly contagious and often spread throughout a class or grade before being discovered. The sharing of a comb or a hat or putting a child's head on someone else's pillow case is all it takes to spread head lice from one person to another. The presence of lice has nothing to do with cleanliness and does not reflect poorly on you as a parent.

OUR POLICY IS:

All campers are checked for head lice upon arrival at the Health Center on the first day of camp. Campers with head lice are not able to attend Camp Neveda. **Refunds can not be given.**

CHECK YOUR CHILD FOR HEAD LICE

Check your child for head lice *before* she/he comes to camp, especially if there has been an outbreak in their school system. It is advisable to check your child several weeks before camp because successful treatment can take several weeks.

Head lice themselves are not easily visible, but the nits (eggs) can be. Nits look much like spots of dandruff, but cannot be easily removed from the base of the hair they're attached to.

TREATING YOUR CHILD FOR HEAD LICE

Treatment needs to be performed at least two times a few days apart. Once to kill the living lice and again a few days later to kill lice that may have hatched since the first treatment. In addition to treating your child, wash bedding and clothing in hot water and dry on high for at least 20 minutes to kill possible "hitchhikers."

Ask your pharmacist, school nurse or physician for a treatment recommendation. There are nontoxic treatments available for head lice.

PREVENTING THE FURTHER SPREAD OF HEAD LICE

To prevent the re-infestation or spread of head lice you also need to check the rest of your household and alert anyone else your child might have had close contact with.

Rev. 9/2023



MEDICAL SUPPLIES PACKING GUIDE 2024

ALL OF THESE SUPPLIES & MEDICATIONS MUST BE BROUGHT TO THE HEALTH CENTER DURING THE INTAKE PROCESS SO THEY CAN BE PROPERLY LABELED AND STORED.

INFUSION SITES are changed every three days at camp. Please bring TEN (five for the one-week sessions) change-outs to camp on intake day. Bring reservoirs, infusion sets, IV prep, dressings, and EMLA cream if used. Also bring extra batteries, your inserter; and anything else you use. Unused supplies will be returned when you come to pick up your camper. *Please remember to get those supplies when you pick up your child so we don't have to charge you \$10 to ship them.* Please do not arrive at camp needing to change your pump site on Intake Day. Please change it Saturday or Sunday before you come to camp.

INSULIN PENS: If your child uses a pen with refill cartridges (ex: NovoPen Echo, HumaPen Luxura, InPen) please bring the PEN with you. It will be labeled with the camper's name and returned at the end of camp.

INSULIN: Camp will supply most types of common insulin. If your camper is using a new or unusual form of insulin, please contact Camp Neveda before arriving to determine if you need to bring your insulin.

CGMs: You will need to bring all supplies needed to manage & maintain your child's CGM. This includes: at least 3 sensors (more if they fall off frequently), 1 extra transmitter, tape/adhesives, receiver (if used), phone charging cord & block. The receiver, phone and all cords and blocks must be labeled with camper's name prior to coming to camp. *We do not have extra CGM supplies to lend to campers. If your camper runs out of supplies while at camp, we will discontinue use of the CGM.*

NON-DIABETES MEDICATIONS:

- **No medications, including over-the-counter items and vitamins, are permitted in the camper cabins except asthma inhalers.**
- **For each medication (other than insulin) that your child takes, a separate Administration of Medication form must be filled out by both a parent/guardian and the prescribing doctor.**
- All prescriptions must be **in their original bottle with a pharmacy label.** If the current dose does not match the dose on the label, you must also bring a written note or prescription from the prescribing physician. Otherwise, we cannot accept/dispense it.
- Please send a few extra pills for the session in case one is dropped.
- **Over-the-counter (OTC, non-prescription) medicines (including vitamins) will NOT be administered at camp unless you provide a signed request from the child's physician that we do so (see Administration of Medications at Camp form).**
- If your child takes allergy or asthma medication, **please** remember to bring it to camp (with a doctor's order - See Administration of Medication at Camp form) even if he/she has not used it recently. Allergies may be triggered in the camp environment.

Revised 9/2023



DIRECTIONS to Camp Nejedá

(Some directional programs may require the use of 07860 [Newton] as the zip code)

A. From Interstate 80 heading WEST.

(Morristown, NJ, New York City and points East)

1. I-80 West to Exit 25, Route 206 North.
2. *Go to C below.*

B. From Interstate 80 heading EAST

(Stroudsburg, PA and points West)

3. Follow I-80 ~4 miles into NJ to Exit 4C, Route 94 North.
4. *Go to F below.*

C. From Route 206 heading NORTH

(Andover, NJ and points South)

5. Proceed on Route 206 North through the town of Andover to Springdale about 9 miles from I-80. There is a traffic light there. Rt. 611 enters from the left; Stickles Pond Road enters from the right (Safelite Auto Glass is on your right.)
6. Proceed through the traffic light a very short distance and turn LEFT in front of the A&B Deli onto Fredon Road / Route 618.
7. Follow Fredon Road/Rt. 618 (which becomes Springdale-Fredon Road then Willows Road) to the end. Turn LEFT onto Rt. 94 South.
8. *Go to E below.*

D. From Route 206 heading SOUTH

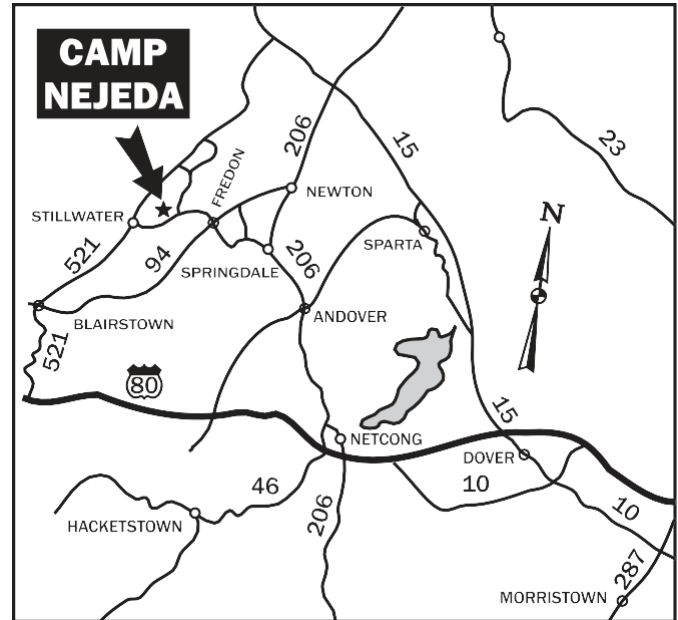
(Branchville, NJ and points North)

9. Proceed on Route 206 South into downtown Newton.
10. Bear RIGHT onto Route 94 South.
11. *Go to E below.*

E. From Route 94 heading SOUTH

(Fredon, NJ and points North)

12. Follow Route 94 south to traffic light at Stillwater Road/ Route 610 (on right) / Phil Hardin Road (on left) in Fredon, NJ. (~3 miles south of Newton Memorial Hospital. ~1 mile south of Route 618).
13. Turn RIGHT onto Stillwater Road / Route 610.
14. After ~2 miles bear LEFT at the fork staying on Route 610. (Notice County garages in front of you at Y intersection)
15. After ~1 mile turn RIGHT onto Saddleback Road. (Beige farm with green roof on right)
16. Note: Road turns left after second house on left side. Camp Nejedá's entrance is on your left immediately after the second bridge.



F. From Route 94 heading NORTH

(Blairstown, NJ and points South / West)

17. Follow Route 94 NORTH to second traffic light in Blairstown (downtown).
18. Turn LEFT, then immediately a sharp RIGHT onto Route 521 North (you will pass an ambulance building on the right).
19. Follow Route 521 several miles into Stillwater to a "T" intersection.
20. Turn LEFT, staying on Route 521.
21. Follow Route 521 ~½ mile to your first RIGHT, Saddleback Road.
22. Turn RIGHT onto Saddleback Road and continue to the first bridge.
23. Camp entrance is directly in front of you before crossing the bridge.

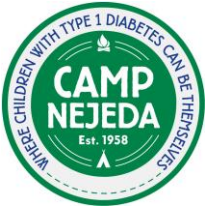
G. From Route 22 heading EAST

(Phillipsburg, NJ / Easton, PA and points West / South)

24. Follow Route 22 through Phillipsburg to Route 57.
25. Follow Route 57 to intersection with Route 519.
26. Turn LEFT onto Route 519 North to Hope, NJ.
27. At traffic light continue straight onto Route 521 (Route 519 will turn Right).
28. Follow Route 521 to STOP sign at Route 94.
29. Turn LEFT onto Route 94 South / Route 521 North.
30. At traffic light make HARD RIGHT to stay on Route 521 North.
31. *Go to F-19 above.*

PO Box 156 • 910 Saddleback Road • Stillwater, NJ 07875-0156

Phone: (973) 383-2611 • Fax: (973) 383-9891 • E-mail: information@campnejeda.org



Optional Extra Activities

Sessions 2 and 3

If conditions allow, the following extra activities may be offered to interested campers registered for sessions 2 or 3.

- 1. Hike (Low risk activity)**
- 2. Delaware River Raft Trip (Medium risk activity)**

Hike:

There is a \$20.00 charge for this trip. Campers leave Camp Neveda after breakfast and return before dinner. Participants travel via school bus to hike a nearby trail. Medical staff and counselors accompany campers on the trail.

Delaware River Rafting:

There is a \$45.00 charge for this trip. It is a one-day river trip that involves paddling down a six-mile stretch of the Delaware River from above Port Jervis, NY to Matamoras, Pennsylvania. Campers are transported by bus and must be deep water swimmers to sign-up for this trip. Lifeguards, medical staff and counselors will accompany rafters and everyone must wear a Personal Flotation Device (lifejacket).

Registration: Campers can only register for these extra activities online on our registration parent portal

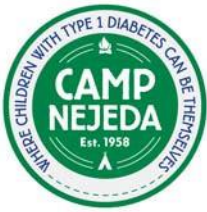
Other Non-Optional Trips:

If conditions permit, during Sessions 2 and 3, all campers and staff attend a day-long outing to a local waterpark or amusement park. The cost of this trip is included in the camper registration fee, although additional spending money is recommended.

Session 2: Camelbeach - Recommended spending money: \$20-40

Session 3: TBD (Dorney Park was recently sold to 6 Flags and no announcements have been made as to its future) - Recommended spending money: \$40-50

Last updated 2023



NUTRITION AND DIET POLICY 2024

Camp Neveda has established these policies to enable us to expediently provide food for about 80 campers and 60 staff during each camp session. We try hard to accommodate each person's needs, but it is impossible to accommodate everyone's preferences.

1. The camp will not purchase any specialized foods except to accommodate those with Celiac Disease or lactose intolerance. We routinely have gluten free and lactose free foods and do not have room to store any additional family-supplied foods.
2. The camp will only accommodate food allergies if a note from a licensed physician is provided to us.
3. Due to some participants having severe allergies, please remember that our campus is COMPLETELY PEANUT FREE. No food or drinks containing peanuts will be permitted on campus.
4. You MAY NOT bring outside foods to camp unless they are to accommodate a food allergy documented on a note from a licensed physician AND discussed with the camp dietitian at least 1 week prior to your camper's arrival. We do not have the storage space to hold extra food.
5. We treat low blood sugars with glucose tablets, apple or grape juice, cheese crackers or a gluten free/lactose free alternative or Carnation Instant Breakfast depending on the circumstances and the time of day. Low blood sugars are medical emergencies and we cannot accommodate taste preferences in these situations.
6. For picky eaters, we will be offering the following alternatives at each meal along with the regular menu options and salad bar at lunch and dinner.
 - o Breakfast: cereal, yogurt, fruit, milk, packaged oatmeal, bread
 - o Lunch/Dinner: cottage cheese, beans, bread (with butter, sun nut butter, and/or jelly), at least one of the following: egg, tuna, or chicken salad
7. For vegetarians, the only options available besides menu options will be the above and veggie sausage patties, veggie burgers, and black bean burgers.
8. Religion-based food preferences will be respected and allowed at camp. However, we will not provide these foods (Kosher, Halal, etc.) and cannot provide separate cooking facilities for these foods. If you have a religious dietary preference that you would like to be observed at camp, you must provide your own food including all carbohydrate counts and ingredients clearly labeled. If you plan to bring your own food, you must also speak with the dietitian at least 1 week prior to your camper's arrival.
9. As there is unsubstantiated evidence of the safety and efficacy of very low/no carbohydrate diets (specifically, with regard to avoiding severe hypoglycemia in a residential camp setting) we cannot support the implementation of these types of diets at camp. Meals and snacks at Camp Neveda follow nutritional guidelines set by the American Academy of Pediatrics to include a variety of fat, protein, and carbohydrate-containing foods to support optimal blood glucose levels and fuel increased activity levels at camp. Your child may attempt to adhere to such a diet as much as s/he can within the constraints of the food choices available, but the camp staff will not be able to assist.

revised 9/2023



Camper Internet and Technology Policy

Camp Neveda has been offering children and young adults living with diabetes fun activities since 1958. Camp Neveda Foundation's mission "is to enhance the lives of people with type 1 diabetes and their families through education, empowerment, camaraderie, supportive programs, and fun."

It has been our experience that electronic devices that allow a camper access to the internet or allow a camper to watch videos take away from Camp Neveda's ability to serve campers and, in some cases, prevent campers from having the positive experience that they deserve.

It is our decision and policy that campers should not have technology/devices that allow access to the internet, videos, and electronic games while at camp – this in addition to cell phones, which are already on the "do not pack" list sent to parents and campers (please refer to the CGM Policy for exceptions). We believe that this policy and practice will:

- ✓ Encourage our campers to socialize with one another
- ✓ Give campers a much-needed break from the world of technology
- ✓ Allow campers to fully embrace the connections they make with other campers
- ✓ Ensure that campers are not exposed to age-inappropriate material

Examples of technology/devices that should **NOT be brought to camp:**

- ✓ Laptop computers
- ✓ iPod Touches or iPods with video
- ✓ Handheld game devices
- ✓ Cell phones (see CGM and Cell Phone Policies for exceptions)
- ✓ Devices that access the internet (including smart watches)

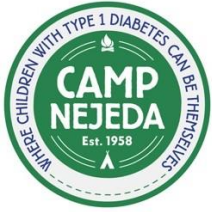
Examples of technology/devices that are **ok to bring to camp** - as long as they remain in the cabin and are used with permission:

- ✓ iPods without video
- ✓ mp3 player devices (without video)
- ✓ Music players
(With headphones and without video)

Camp Neveda is not responsible for lost or stolen personal items. Therefore, it is recommended that valuables not be brought to camp. The permitted items listed above are simply that – permitted, not suggested.

We at Camp Neveda firmly believe that this policy will promote the beauty and experience of camp - and help to deepen the important relationships that are able to develop because of the simple fact that all of the campers have diabetes.

If you should have any questions, please do not hesitate to contact us at 973-383-2611 or information@campnejeda.org.



Closed-Loop Insulin Pumps 2024

This guideline and procedure is intended to assure the safety of children with closed-loop insulin pumps. Closed-loop pumps (CLP) are a major advance in technology that promotes the health of those with diabetes.

1. Whenever the pump alarms the camper must notify the counselor or Health Center staff.
2. The insulin delivered by the CLP is determined by individual's recent insulin. The vast majority of children need 10%-30% less insulin at camp than at home because of the higher activity level. Pump settings will be adjusted accordingly at intake.
3. We have Technology Facilitators at camp who are very familiar with diabetes technologies and they are available to handle problems 24/7.
4. Some CLPs are not FDA approved, e.g., "DIY closed loop systems." While a family may have become very comfortable with an unapproved device, we cannot risk the possibility of an unproven device having a dangerous malfunction at camp. Any such device must be used in manual mode at camp.

Revised 9/2023

Overnight Summer Camp

Important Dates

Today:

Upon Registration, you completed the following Mandatory Forms:

Health History
Developmental History
CGM & Cell Phone Policy
Medical Privacy (HIPAA)

February 1st:

First Payment of Payment Plan (if you signed up when you registered)
If did NOT sign up for a Payment Plan & now want to, email barbara@campnejeda.org
or call the office at 973-383-2611

March 1st:

Upload or submit photocopy of child's immunization record(s) [no form enclosed]
-Records can be obtained from your child's doctor or school nurse

Early Spring:

Make an appointment with your child's Endocrinologist for Camp Health Exam
Remember to download and print a copy of the Health Exam and bring it to your child's Endocrinologist appointment
If your child takes medications (other than insulin), make appointments (if required) with your child's prescribing doctor(s) and have the doctor(s) fill out the Administration of Medication form(s). *PLEASE REMEMBER:* each medication goes on its own form.

April 15th :

If you're applying for Financial Aid, be sure your application has been submitted online
AND all required documents have been uploaded/submitted

May 1st :

FINAL PAYMENT is DUE
FORMS ARE DUE: Health Exam by Licensed Provider
Administration of Medications

May 11th:

OPEN HOUSE 12 pm – 4 pm (Camp Nejeda Campground ONLY- no Day Camp locations)
A perfect time for new campers & their families to tour our campus, meet staff & ask questions

First Day of Camp:

Bring your child's Health Insurance and Prescription card(s) so a copy can be made
Session 2 & 3 Only: Turn in some cash spending money for amusement park trip (suggest \$40) in an envelope with your child's name

IMPORTANT NOTE:

If you are registering your child after due dates for forms and/or payments, please submit them within a week of registering your child. If you have questions, please call our office at 973-383-2611.

Family Camp Important Dates

Today:

Upon registration, you completed the following Mandatory Forms:

Attendee Information (for each family member)
Family Camp Questionnaire
Family Nutrition History
Family Camp Publicity Release

May 11th:

OPEN HOUSE 12 pm – 4 pm (Camp Neveda Campground ONLY- no Day Camp locations)

A perfect time for new campers & their families to tour our campus, meet staff & ask questions

JUNE Family Camp – June 21-23

April 19th:

FINAL PAYMENT DUE

June:

Consult Family Camp Packing Guide and start packing for next weekend.

BOTH AUGUST Family Camps – 1=August 18-20 2= August 22-24

May 20th:

FINAL PAYMENT DUE

August:

Consult Family Camp Packing Guide and start packing for next week's Family Camp.

Labor Day Family Camp – August 31 – September 2

June 30th:

FINAL PAYMENT DUE

August:

Consult Family Camp Packing Guide and start packing for next weekend.

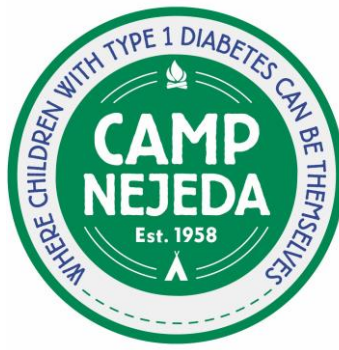
Mini-Family Camp – October 12

August 12th:

FINAL PAYMENT DUE

IMPORTANT NOTE:

If you are registering your child after due dates for forms and/or payments, please submit them within a week of registering your child. If you have questions, please call our office at 973-383-2611.



Nejeda Family Camps 2024

Family Name: _____

Date: _____

Please list all family members attending. Include ages of children.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

I hereby give permission for Camp Nejeda to use the name and/ or picture image or other likeness of the above-named individuals in connection with any promotion, educational material or any other purpose deemed necessary by Camp Nejeda.

Yes _____

No _____

Signature _____

Please mail back to camp no later than May 1st or within one week of registering for family camp (whichever date is earlier).



Family Name _____

Nejeda Family Camps 2024

In an attempt to meet your needs in dealing with diabetes as a family challenge, we have developed the following questionnaire. Please feel free to write in topics which we may have missed and to elaborate your specific concerns about any of the topics listed.

Please check off those issues which are of particular concern to you:

- Understanding physical aspects of diabetes.
- Setting attainable goals for your child. (How much should I expect and when?)
- Dealing with diet.
- Coping with feelings of guilt.
- Anticipating future problems.
- Impact of diabetes on family/siblings.
- What's available-current technology.

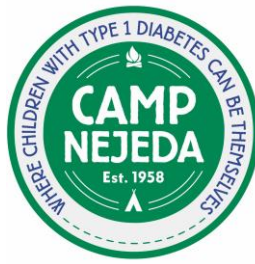
Other: _____

Families are assigned a camp counselor for the duration of the weekend. Please indicate if your family has a preference for a male counselor, female counselor, or no preference:

- Male Counselor
- Female Counselor
- No Preference

Please mail this form back to camp no later than May 1st or within one week of registering for Family Camp (whichever is earlier).

Thank you,
Camp Nejeda



FAMILY NUTRITION HISTORY

Please complete this form as thoroughly as possible so that our staff may plan accordingly. Meals are served "family style" at Camp Neveda.

Family Name: _____ Session: _____

1. What best describes your family's approach to food and meals?

- Carbohydrate Counting
- No Concentrated Sweets
- Vegetarian
- Other:

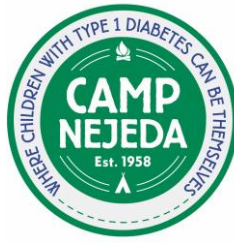
2. Does anyone attending Family Camp have any of the following?

- Celiac Disease (gluten intolerance)
- Lactose (milk) intolerance
- Food allergies - please describe and list foods they cannot have:

- I accept **responsibility** for my care and the care of my family while at Camp Nejeda.
- **Image Release:** I give permission for the use of pictures, images or other likenesses of my child and/or family to be used for promotion, educational material or other purpose deemed necessary by the Camp Nejeda Foundation, Inc.
- **Cancellations / Refunds:** Fees (minus the registration fee) will be refunded up until 2 months before the camper's session begins. Within two months of the session, a refund or credit will be applied if the camper's spot is able to be filled. Registration fees are refundable until May 1 unless the camp program is canceled by Camp Nejeda.
- **Communications with Families:** Camp Nejeda communicates with parent(s)/guardian(s) of campers using assorted communication tools including email, telephone, text, and US Mail. I give permission for Camp Nejeda to send communications to the family - *please do not opt-out/unsubscribe.*"

Signature _____ Date _____

Relationship to Camper _____



FAMILY CAMP PACKING GUIDE

THINGS TO BRING:

For everyday use at camp pack OLD CLOTHES.

- | | |
|--|---|
| <input type="checkbox"/> insulin and all diabetes supplies | <input type="checkbox"/> blankets |
| <input type="checkbox"/> shirts | <input type="checkbox"/> sheets (twin size) |
| <input type="checkbox"/> socks, shoes | <input type="checkbox"/> pillow w/case |
| <input type="checkbox"/> swimsuits | <input type="checkbox"/> tissues (box) |
| <input type="checkbox"/> short pants | <input type="checkbox"/> robe or wrap and flip-flops for trips to the shower building |
| <input type="checkbox"/> long pants (for warmth and insect protection) | <input type="checkbox"/> towels |
| <input type="checkbox"/> sweaters/sweatshirt | <input type="checkbox"/> toiletry articles |
| <input type="checkbox"/> pajamas | <input type="checkbox"/> bug spray |
| <input type="checkbox"/> extra underwear | <input type="checkbox"/> laundry bags |
| <input type="checkbox"/> raincoat/poncho | <input type="checkbox"/> sunscreen |
| <input type="checkbox"/> flashlight (extra batteries) | |

Extra blankets may be a good idea, too. It can get cold at night.

Please bring a silly hat for everyone in your family for the Silly Hat Lunch!

OPTIONAL ITEMS:

- | | |
|---|---|
| <input type="checkbox"/> fishing gear | <input type="checkbox"/> personal sports equipment (baseball glove, pads, etc.) |
| <input type="checkbox"/> bicycle w/helmet | |

We have all your basic sports equipment for ball sports, etc.

THINGS NOT TO BRING:

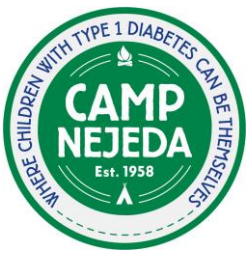
- | | |
|---|--|
| - No pets are allowed | - Firearms are not permitted |
| - Alcohol is not permitted on the grounds | - Illegal items or substances are not allowed on the grounds |
| - Rollerskates or Rollerblades | |

Camp Nejeda cannot be responsible for anything lost, destroyed, or left at camp.



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REGISTRATION FORMS CHECKLIST 2024

*The following forms need to be completed and/or on file before your child comes to camp.
Additional copies of forms can be downloaded at www.campnejeda.org.*

RETURN to Camp with Registration Form

- Health History to be completed by parents
- Developmental History Form
- Continuous Glucose Monitor and Cell Phone Form, if applicable
- Medical Privacy Policy & Disclaimer (HIPPA Form)

RETURN to Camp by March 1, 2024:

- A copy of your child's Immunization Records

RETURN to Camp by May 1, 2024 (Campers Without Diabetes):

- Upload the most recent copy of your child's physical exam under "Intake Form"
- Administration of Medications at Camp Neveda (for all medications that are NOT on the exclusion list on the form)

RETURN to Camp at least 7 business days BEFORE Camp Session Starts (Campers With Diabetes):

- Neveda BFF Intake Form (must be completed by child's endocrinologist within 3 weeks of the start of camp)
- Administration of Medications at Camp Neveda (only needed if medications other than insulin are needed at camp)

PARENT INFORMATION (read, do not return)

- Camper Packing Guide
- A Note from the Medical Committee
- Head Lice Policy
- Medical Supplies Packing Guide
- Camper Internet and Technology Policy
- Directions to Camp Neveda
- Nutrition and Diet Policy
- Closed-Loop Insulin Pumps

These forms help us to plan for your child's visit.
Incomplete or missing forms slow down the intake process for everyone.
Please return all forms before or by the dates indicated above.

Thank you.



Summer and Extended Programs

2024 Registration

Please complete all 3 pages of the application and return it with \$50 non-refundable registration fee

Overnight Sessions:	Camper's Age	Dates	Price per camper*	Day Camp Sessions:	Dates	Price per camper*
<input type="checkbox"/> Session 1 – one week (5 nights)	7-12 years old	Jul 2 to Jul 7	\$1,200	<input type="checkbox"/> South Jersey – Week 1	Jul 8 to Jul 12	\$450
<input type="checkbox"/> Session 2 – two weeks (12 nights)	8-13 years old	Jul 9 to Jul 21	\$2,300	<input type="checkbox"/> South Jersey – Week 2	Jul 15 to Jul 19	\$450
<input type="checkbox"/> Session 3 – two weeks (12 nights)	13-16 years old	Jul 23 to Aug 4	\$2,300	<input type="checkbox"/> South Jersey – Both Weeks	Jul 8-12 & Jul 15-19	\$850
<input type="checkbox"/> Session 4 – one week (5 nights)	11-15 years old	Aug 6 to Aug 11	\$1,200	<input type="checkbox"/> Other locations – 1 week	TBD	TBD
<input type="checkbox"/> Session 5 – one week (5 nights)	7-15 years old	Aug 13 to Aug 18	\$1,200			

*Price includes \$50 registration fee (refundable until May 1 unless Camp Neveda cancels the program).
 **Due to capacity limitations and our desire to ensure that every child is able to go to Camp Neveda that wants to, campers are limited to one overnight session during Summer 2024.

*Price includes \$50 registration fee (refundable until May 1 unless Camp Neveda cancels the program).
 All Day Camps are ages 6-15.

Family Camp Sessions:	Dates	Price per family of 4**	Spring Programs:	Dates	Price per Camper*
<input type="checkbox"/> June Family Camp	Fri, Jun 21 – Sun, Jun 23 (2 nights)	\$1,000	<input type="checkbox"/> Spring BFF Weekend	Jun 7 to Jun 9	\$275
<input type="checkbox"/> August Family Camp 1	Sun, Aug 18 – Tue, Aug 20 (2 nights)	\$1,000			
<input type="checkbox"/> August Family Camp 2	Thu, Aug 22 – Sat, Aug 24 (2 nights)	\$1,000			
<input type="checkbox"/> Labor Day Family Camp	Sat, Aug 31 – Mon, Sep 2 (2 nights)	\$1,000			

**Price includes programs, accommodations and food for up to four family members. Price includes \$50 registration fee (refundable until May 1 unless Camp Neveda cancels the program). Additional family members are \$75 each.

*Price includes \$50 registration fee (refundable until May 1 unless Camp Neveda cancels the program).
 BFF Weekend ages 6-16.

CAMPER'S NAME: _____
LAST FIRST M.I.

BIRTHDATE: _____ M F Other: _____ Preferred Pronouns: _____

ADDRESS: _____
STREET APT #

CITY STATE ZIP COUNTY:

Parent One _____
 Relationship to camper _____
 Address (if different) _____

 Email _____
 Employer _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____

Parent Two _____
 Relationship to camper _____
 Address (if different) _____

 Email _____
 Employer _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____

IN EMERGENCY, if parents or guardians cannot be reached, notify:
 _____ Relationship _____ Cell Phone _____

Please complete all 3 pages of the application – thank you!



Continued from page 1

CAMPER'S NAME: _____

RACE (circle): American Indian/Native American Native Hawaiian/Pacific Islander African American Hispanic Asian White

To celebrate the diverse backgrounds of everyone at Camp Neveda, flags are displayed in the dining hall which represent our cultural heritage. If you would like to participate, please tell us which countries you would like included:

Age when at camp in 2024 _____

FAMILY CAMP: Number of family members attending (adults and children): _____

Children's Names (checkmark indicates child with diabetes):

<input type="checkbox"/>	_____	DOB _____	<input type="checkbox"/>	_____	DOB _____
<input type="checkbox"/>	_____	DOB _____	<input type="checkbox"/>	_____	DOB _____

Adults' Names (with DOB): _____

Does your camper use an insulin pump? Yes No If yes, what type? _____

Does your camper use a Continuous Glucose Monitor (CGM)? Yes No If yes, what brand? _____

Is your camper currently planning on using their CGM at camp? Yes No

Is your camper going to be using a cell phone as the CGM Receiver? Yes No If yes, what type? _____

**If yes, please make sure to familiarize yourself with the CGM Policy Form.*

Where did you learn about Camp Neveda? _____

Is your camper a first-time or repeat camper at Camp Neveda?

First-Time Camper: Welcome! New campers have the opportunity to be assigned a Dia-buddy: a returning camper they can connect with before camp, who is registered to attend their camp session. Are you interested in having a Dia-buddy? Yes No

Returning Campers: Welcome back! Is your camper interested in becoming a Dia-buddy to help welcome a new camper to camp? Yes No

By signing below, I give Camp Neveda permission to give my name and contact information to another camper parent for the purpose of my child's participation in the Dia-buddies program.

Signature _____ Date _____

Please complete all 3 pages of the application – thank you!



Continued from page 2

CAMPER'S NAME: _____

- Summer Camp, Day Camps, and Extended Programs: I hereby am registering my child for camp. I give consent to the administration of insulin and whatever other medical care and advice may be deemed necessary while at camp. In case of emergency, I understand every effort will be made to contact parents or guardians of campers. In the event that I cannot be reached, I hereby give permission to the camp physician and/or camp director to hospitalize, secure treatment for my child, as named, and hereby release the camp from any liability for any accident or injury to said child occurring at camp or on a camp-sponsored trip off the camp site.
- Family Camp: I accept responsibility for my care and the care of my family while at Camp Neveda.
- Image Release: I give permission for the use of pictures, images or other likenesses of my child and/or family to be used for promotion, educational material or other purpose deemed necessary by the Camp Neveda Foundation, Inc.
- Cancellations / Refunds: Fees (minus the registration fee) will be refunded up until 2 months before the camper's session begins. Within two months of the session, a refund or credit may be applied if the camper's spot is able to be filled. Registration fees are refundable until May 1 unless the camp program is canceled by Camp Neveda.
- Camp Neveda Communications: Camp Neveda communicates with parent(s)/guardian(s) of campers using assorted communication tools including email, telephone, text, and US Mail. I give permission for Camp Neveda to send communications to the family - *please do not opt-out/unsubscribe.*"

Signature _____ Date _____ Relationship to Camper _____

Bunkmate Request _____

Our program staff will do all they can to grant **reciprocal** cabinmate/staff requests, but they are not guaranteed. (If BOTH camper families do not make the request then we may not be able to accommodate you.) Thank you for your understanding!

To inquire about the availability of an all-gender housing, please contact victoria.benyo@campnejeda.org.

PAYMENT INFORMATION: (Check all that apply. Remember to include registration fee in calculations.)	
<input type="checkbox"/>	I have enclosed a check / money order in the amount of \$ _____ and will pay any balance owed before May 1, 2024.
<input type="checkbox"/>	I am paying the entire balance now.
<input type="checkbox"/>	I have enclosed the \$50 registration fee and would like to set up a payment plan. (Full payment is due by May 1, 2024.) Number of payments (circle): 1 2 3 4 (Full payment is due by May 1, 2024) Dates: 1 _____ 2 _____ 3 _____ 4 _____
<input type="checkbox"/>	I will send my payments by check or money order payable to: Camp Neveda.
<input type="checkbox"/>	I will call the office to make a credit card payment.
<input type="checkbox"/>	I have enclosed the \$50 registration fee. Payment will be coming from a third party (other than a parent/guardian). Please include contact information for the third party: _____
<input type="checkbox"/>	I have enclosed the \$50 registration fee. I will be applying for financial aid. (Applications are available online now or you can request a paper copy from our office at 973-383-2611. Applications must be submitted by April 15, 2024.)
<input type="checkbox"/>	Please accept my tax-deductible donation in support of Camp Neveda's programs for children and families with diabetes. \$ _____

Please complete all 3 pages of the application – thank you!

Return completed form to: CAMP NEVEDA, P.O. Box 156, Stillwater, NJ 07875-0156
Phone: (973) 383-2611 Fax: (973) 383-9891 www.campnejeda.org



CAMPER HEALTH HISTORY 2024 page 1 of 2

(To be completed by Parents)

Camper _____ Birthdate _____ Session _____
Last Name First Name

Parent or Guardian _____ Home Phone _____
Home Address _____ Cell Phone _____
Home Email Address _____ Occupation _____
Employer Name _____ Employer Phone _____
Business Address _____

Second Parent or Guardian _____ Home Phone _____
Home Address _____ Cell Phone _____
Home Email Address _____ Occupation _____
Employer Name _____ Employer Phone _____
Business Address _____

If not available in an emergency, notify:

Name _____ Relationship _____ Phone _____
Address _____

HEALTH HISTORY

Frequent Ear Infections _____ Hypertension _____
Heart Defect/Disease _____ ADHD _____
Diabetes _____
Asthma _____
Bleeding/Clotting Disorders _____
Convulsions/Seizures most recent date: _____
Incontinence (bedwetting, soiling) _____
Environmental Allergies _____ Food Allergy (need MD verification) _____
Insect Allergies _____ Medication Allergy _____
Other _____

Operations or serious injuries (include dates) _____

Does your child require any medication other than insulin? _____ If yes, please complete the Administration of Medication form and list medications here:

Name of Family Physician/Pediatrician _____ Phone _____

Name of Endocrinology Practice: _____ Location: _____

Name of Endocrinologist(if applicable) _____ Phone _____

Name of Dentist/Orthodontist _____ Phone _____

Do you carry family medical/hospital insurance? _____ If yes, indicate Carrier: _____
Policy or Group # _____

Prescription Plan _____

YOU MUST BRING YOUR INSURANCE CARD TO CAMP AT INTAKE TO BE PHOTOCOPIED.

Name of Subscriber _____ Subscriber's Date of Birth _____

[COMPLETE AND SIGN PAGE TWO]

HEALTH HISTORY 2024 page 2 of 2

Campers with diabetes, please complete the following section:

Has your child ever had a seizure with a low blood sugar? _____
If on an insulin pump, please list brand/model: _____ Pump serial number: _____
If on an insulin pump, when did they begin using this pump? _____
Has he/she had any problems with this pump? (If yes, please describe) _____

If on an insulin pump, what is their level of independence? (check any that apply)
 Able to input carbs into pump with adult supervision Requires nurse to enter carbs into pump
What was the result and date of your child's last Hemoglobin A1c (HbA1c)? _____ Test Date: _____
Diabetes Diagnosis Date (month/year): _____ Age at Diagnosis: _____
What rapid acting insulin does your child use? _____ Long acting? _____

If on injections, what skill(s) does your child have? (check any that apply)
 Prepares pen for injection Injects self None of the above
=====

What is your child's level of activity? Active Moderate Sedentary If sedentary, how many hours/day are they sedentary? ____
If applicable: Has your child ever had a period? _____ If not, has your child been told about it? _____
If yes, does your child have periods every month? _____ Any problems with periods? _____

*****PLEASE NOTIFY THE CAMP IF CHILD HAS ANY ILLNESS (including a mental health crisis) WITHIN THREE WEEKS PRIOR TO CAMP.*****

PLEASE NOTE: YOU MUST PROVIDE A COPY OF YOUR CHILD'S IMMUNIZATION RECORD FROM HIS/HER DOCTOR OR SCHOOL. YOUR CHILD CANNOT BE ALLOWED IN CAMP WITHOUT THIS INFORMATION. *Please submit by 3/1/2024.*

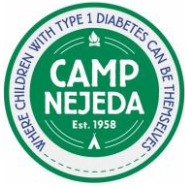
Suggestions for camp medical personnel _____

If my child attends camp, I give consent to the administration of insulin and whatever other medical care may be deemed necessary while at camp. In case of MEDICAL EMERGENCY, I understand every effort will be made to contact parents or guardians of campers.

I do hereby state that I am the parent/guardian having legal custody of _____ a minor, age _____

I authorize Camp Nejedra to consent to any laboratory or X-ray examination, anesthetic, medical or surgical treatment and hospital care to be rendered to my child under the supervision of a licensed physician. I hereby release the camp from liability for any accident or injury to said child occurring at camp or on a camp-sponsored trip off the site. Camper's forms may be photocopied as necessary.

Signature _____ Date _____
Print Name _____ Relationship to Camper _____



DEVELOPMENTAL HISTORY 2024

Camper _____
Last Name First Name

Session _____

Does your child have a 504 or IEP at his/her school for any reason other than their diabetes?

Yes No

If your child has an IEP or 504 at school, would you be willing to share important topics of the document with us?

Yes No

If yes, please list important topics:

Have there been any recent changes in your family dynamics (divorce, separation, death of loved one, etc.)?

Yes No

If yes, please explain:

Have there been any impactful events in your child's life in the past year (change of home or school, etc.)?

Yes No

If yes, please explain:

Has your child been hospitalized or evaluated for any mental health concerns?

Yes No

Does your child have any emotional or behavioral challenges (homesickness, anxiety, socialization challenges, etc.) that we can help to manage in the camp setting?

Yes No

If yes, please share details:

If your child becomes upset, what kinds of coping mechanisms do they use to calm down?

Does your child have any physical issues that we will need to know about during his/her stay at camp (bedwetting, sleep walking, night terrors, etc.)?

Yes No

If yes, please share details:

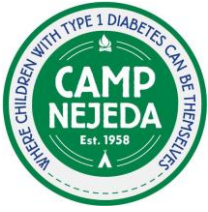
Is there anything about your child that you can share with us that will help your child to succeed at camp?

Yes No

If yes, please explain:

What are your camper's interests?

What are your camper's biggest fears?



Continuous Glucose Monitors (CGM) and Cell Phones 2024

(Please read, sign and return if applicable)

Camper _____ Birthdate _____ Session _____

Cell Phones

At Camp Nejedra we keep campers as safe and healthy as we can while they have fun and learn. Many diabetes devices require that a camper have a cell phone nearby to continuously monitor their glucose or control their insulin pump. The cellphone is permitted as a medical device only; using the cell phone for other purposes is not allowed at camp. The camper will be responsible for carrying the phone during the day and charging the phone nightly.

A camper/family may opt for the phone to be used for night time monitoring only. Those cell phones will be locked in their cabins so that their glucose can be monitored in the Health Center at night.

1. Nejedra will not be responsible if the cell phone or CGM receiver is lost, stolen or damaged.
2. At intake the SIM card will be given to the parent/guardian to take home. This prevents a camper from using their phone for any non-medical purpose. (This does not apply to BFF Weekends.)
3. The phone will be connected to a limited Wi-Fi to allow the Health Center to monitor glucoses.
4. At intake, we will turn off any communication from the cell phone to the parents/guardian, e.g., following glucoses. (This does not apply to BFF Weekends.)
5. Campers will not be allowed to use the phone to call, text, take pictures or access the internet. Taking pictures is prohibited because other campers have not consented to have their pictures taken.
6. Failure by campers and/or parents to follow these rules will result in the cell phone being inactivated and placed in the camp director's office for the remainder of camp and can also result in camper being sent home from camp.
7. Please make sure you pick up your child's cell phone, charger and cord at the end of camp. If you neglect to do so, we have to charge a nominal fee for shipping it.

CGMs

This policy and procedure is intended to allow the maximum benefit from CGMs with the least burden for the camper, counselor, and medical staff.

CGMs potentially reduce the risk of missing important hypo- or hyperglycemia and, for those models and camper ages that are FDA approved, provide an alternative to finger stick glucose measurements. CGMs require responding to their alarms, which may require a check of blood glucose with a meter.

Since CGMs monitor the glucose surrounding the cells (interstitial) instead of blood glucose, the readings are delayed by about 15 minutes compared to blood glucose.

1. Whenever possible, CGM readings will be used to manage a camper's diabetes. There may be times when a finger stick is necessary, particularly if the CGM alarms.
2. Because camp is noisy and tired people sleep soundly, any receiver alarm will be set at its loudest. The repeat alarm interval will be set at 30 minutes for a low glucose and 120 minutes for a high glucose. (This does not apply to BFF Weekends.)
3. At camp the low glucose alarm will be set at 70 and the high alarm at 300 mg/dl to maximize the value of the alerts and minimize interruptions in activities and sleep. (This does not apply to BFF Weekends.)
4. If the camper so chooses or at the discretion of the pediatric endocrinologist at camp, use of the CGM may be discontinued for all or part of the day. The endocrinologist will most likely discontinue use of the camper's CGM if it has many false alarms.
5. We understand that some parents are able to follow their child's BG readings through certain apps that connect directly to the Dexcom servers. Although we will not be removing apps from a parent's phone, we do strongly encourage parents to temporarily disconnect their follow capability in order to take a well-deserved respite from the stress of constantly having to monitor diabetes. Be assured that we are also following your child. We will receive the same alerts and treat them accordingly and in a timely manner.

I have read and understand the above Nejedra policy regarding Cell Phones and CGMs.

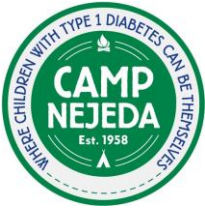
Parent's signature _____

Date _____

Camper's signature _____

Date _____

Revised 9/2023



MEDICAL PRIVACY POLICY AND DISCLAIMER 2024

Camper _____ Birthdate _____ Session _____
LAST NAME, FIRST NAME

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects the privacy of a patients' health information. Although Camp Neveda is not a health care provider, we are telling you some of your rights under HIPAA. Personal health information (PHI) includes information about: (1) an individual's physical or mental condition; (2) the provision of health care to an individual; and (3) the payment for health care.

Camp Neveda makes an intense effort to maintain the confidentiality of any Private Health Information (PHI) that we think or you tell us is sensitive except as related to diabetes as noted below. The files are kept locked and are only available to medical personnel, the camp director, the executive director and his/her designees. Since, the medical care at Camp Neveda is administered by a team, anyone on that team, including nurses, doctors, residents and a health center administrative person, may require access to an individual's record. In addition, if care is required in an Emergency Room or other health care facility, personnel at such facilities may need and will be given access to an individual's medical records.

However, Camp Neveda cannot guarantee the confidentiality of the PHI of campers or staff. This includes glucose readings, insulin doses, and medications taken by an individual other than insulin. Since glucose measurement, insulin administration and medication administration are performed in a group setting, anyone in the group might view another person's health information or recognize the medicine that another person is taking,

A patient's personal health information may not be used for purposes unrelated to health care, nor can such information be shared with or marketed to an outside business such as a life insurer or marketing firm without a patient's written authorization. An authorization allows the use and disclosure of protected health information for purposes other than treatment, payment and health care operations. Other than the information that might be discernable to others in a group setting, Camp Neveda maintains the strict confidentiality of all other medical information.

Release and Consent

I have read the above and understand the limits to which my or my child's personal medical information will be protected by Camp Neveda. I agree that these limits are reasonable and that the medical information cannot be kept as confidential as it might be in a medical facility. I understand that Camp Neveda is not offering any method to enhance confidentiality beyond what is stated above. If the limits are unacceptable, I will withdraw my child from participation in Camp Neveda.

Printed Name of Signer

Relationship to Camper

Authorized Signature

Date

PO Box 156 • 910 Saddleback Road • Stillwater, NJ 07875-0156
Phone: (973) 383-2611 • Fax: (973) 383-9891 • E-mail: information@campnejeda.org

CAMP NEJEDA BFF INTAKE FORM - 2024

THIS FORM MUST BE FILLED OUT BY THE CAMPER'S ENDOCRINOLOGIST
WITHIN 3 WEEKS OF THE START OF CAMP



NAME: _____ AGE: _____ ALLERGIES: _____ SPEC #: _____

YEARS WITH DM: _____ SEIZURES/DKA/OTHER PROBLEMS: _____

PARENT CONCERNS: _____ A1C: _____ HT: _____

_____ WT: _____ BP: _____ PERTINENT HEALTH HISTORY: _____

INSULIN TYPE: Humalog/Admelog/Lyumjev Novolog Apidra Fiasp

CGM – BRAND: _____ **CLP:** Y / N

IF ON A PUMP – BRAND: _____

Basal Start Time	Basal	Ratio Start Time (if different)	Meal	Carb Ratio	Correction Factor	Target
12 AM						

(If range, use highest at home)

IF ON A PEN OR SYRINGE – NEEDLE SIZE: _____ Please provide insulin scales if used at home

LONG-ACTING INSULIN: Lantus Levemir Basaglar Tresiba **DOSAGE:** _____ **TIME OF DAY:** _____

Time Periods:	Target	Insulin: glucose	Insulin: carbs	Long Acting
Breakfast				
Lunch				
Snack				
Supper				
Bed				

OTHER MEDICATIONS (I.E. INHALERS/EPI-PENS):

[NOTE: Administration of Medication form required.]

PROVIDER'S SIGNATURE: _____ DATE: _____

PRINT NAME & PHONE OF MD OR STAMP: _____

PRIMARY CONTACT: _____ RELATIONSHIP TO CAMPER: _____

PHONE NUMBER: _____ PARENT/GUARDIAN SIGNATURE: _____

REVIEWED & UPDATED WITH PARENT ON INTAKE – NURSE SIGNATURE: _____



Administration of Medications 2024

Dear Parent/Guardian,

We need you and your child's doctor to complete this form to help us safely administer medicines (both prescribed and "over the counter") and supplements to minors (campers and a few counselors) at camp. Camp Neveda prohibits campers and staff from having medication in their possession and from administering their own medication. If the nurse is to administer the medication, parental permission and a written statement from the physician prescribing the medication is required. This applies to all prescription and non-prescription medications or necessary "dietary supplements."

Please do not use this form for the following medications as we keep them in stock and have a standing order from our Medical Director to administer them as needed: insulin, acetaminophen (Tylenol), ibuprofen (Motrin, Advil), calcium carbonate (Tums), diphenhydramine (Benadryl), glucagon, cough drops, throat spray, epinephrine (Epi-pen) and Maalox/ Mylanta.

Please use a separate sheet for each medicine/supplement.

Parent/Guardian Request for Administration of Medicine/Supplement at Camp

I request that my child _____

Receive _____ while at camp.

(Specify: medicine, by mouth or other, dose and time(s) of day)

(Parent/Guardian Signature)

(Date)

Please bring medication to camp in its original pharmacy container labeled with child's name, drug name, dosage, time(s) to be given and prescribing provider's name. Thank you for your cooperation in this matter!

Provider Request for Administration of Medicine/Supplement at Camp

Name of Patient _____ Birth Date: _____

Name of Drug/Supplement _____

Dose: _____ Time(s) of Administration _____

Reason for Medication: _____

Side Effects: _____

Provider Name: _____ Signature: _____

Provider Address: _____ Phone # _____



BFF Weekend Camper Packing Guide

For everyday use at camp, **PACK OLD CLOTHES**. Please put camper's name on ALL articles*. No money or valuables are to be left in camper cabins. Camp Neveda is not responsible for items lost, destroyed, or left at camp. Camp Neveda provides all diabetes supplies. Please review the form Pumps, Pens, and Non-diabetes Medications for important information on bringing those items to camp.

The suggested numbers below are for 2 nights.

Clothing

Shirts	13	___
Sweatshirt/sweater	2	___
Shorts	6	___
Jeans/pants	4	___
Underwear	3	___
Sock pairs	3	___
Pajamas (1 warm)	2	___
Swimsuits	2	___
Plain colored shirts	1	___
Jackets	2	___
Raincoat	1	___
Laundry bag	1	___
Water shoes/sandals	1	___

Clothing Cont'd

Sneakers	2	___
Hiking shoes/boots	1	___

Cabin Items

Sheets (twin)**	2	___
Pillowcases	2	___
Pillow	1	___
Blankets	2	___
Flashlight	1	___
Extra batteries		
Tissues		
Small fan		

Personal Care

Face Cloths	2	___
Towels	2	___
Toothpaste		
Toothbrush		
Deodorant		
Shampoo/conditioner		
Shower caddy		
Sunscreen		
Bug repellent		

Optional

Swim goggles		
Sleeping Bag		
Musical Instrument		
Rash guard/swim shirt		

PLEASE BRING A WATER BOTTLE LABELED WITH YOUR CAMPER'S NAME.

*For sanitary reasons we ask that sleeping bags NOT be used instead of bunk linen. *Sleeping bag is used for an evening of star gazing.*

NOTE: If a sandal can be bent in half it is not sturdy enough to be worn at camp. Sandals AND Crocs may be worn at camp and are SAFEST if they have a heel strap. Flip-flops CANNOT be worn as normal footwear at Camp Neveda and may ONLY be worn for showering and the pool.

OPTIONAL

Storage container for foot of bed (3.5ft) or under bed (8-in clearance)

Fishing gear, Bicycle with helmet, Personal Sporting Equipment, Swim Goggles, Games and Books

While medical face masks are not required, you are free to send them to camp with your child.

NOT ALLOWED AT CAMP

The following items will be taken away and kept in the office: cell phones (see CGM and Cell Phone Policy for exceptions); smart watches; rollerblades; skateboards; swim fins, swim masks, and snorkels; food, candy, gum; knives, axes, and all cutting tools; matches, sparklers, caps, etc.; cigarettes, vapes, valuables, and money.

NO INSULIN OR MEDICATIONS ARE ALLOWED IN CAMPER CABINS.

* - Mabel's Labels will donate 20% of your purchase to Camp Neveda by using this link:

http://mabelslabels.ca/en_CA/fundraising/support



A NOTE FROM THE MEDICAL COMMITTEE 2024

Camp Neveda's Health Center staff are committed to (1) helping each camper have an enjoyable experience in a safe and healthy setting and (2) increasing the camper's knowledge about diabetes management. Good diabetes control is important for children with diabetes; however, life at camp is very different from life at home (e.g., meals and activity level) and therefore, diabetes management in a camp setting can pose special challenges. We recognize that we cannot always customize the management of your child's diabetes at camp as well as you do at home and we continue to do the best we can.

INSULIN DOSES: The medical staff usually prescribes lower insulin doses at camp than those used at home. Since we review every camper's blood glucose (BG) levels at least daily, we sometimes achieve better control than is achieved at home. It is possible that, despite our best effort, BG control may not be as good as it is at home. Regardless, the Health Center staff (nurses and doctors) will provide real-time feedback to help the camper understand the causes and effects in diabetes management. We give the insulin for food before the meals, which is best for diabetes control. Each camper is shown a menu and asked what s/he plans to eat. If s/he eats more than planned, additional insulin is given after the meal. Children using tubed pumps will get a morning dose of Levemir before water trips so their pumps can safely be disconnected for 12 hours.

HYPOGLYCEMIA TREATMENT: When a camper's glucose is low (less than 70 daytime, less than 100 nighttime), we use a standard treatment protocol for all campers. The camper is given glucose tablets (juice overnight) followed by a complex carbohydrate snack. For those in closed loop mode on a closed loop pump, we use a reduced treatment protocol. We cannot customize treatment for individual campers except in cases where there are medically documented dietary restrictions, e.g. gluten free. If your child experiences a hypoglycemic event while at camp and requires glucagon, we will be administering whichever type of glucagon is most readily available at the time and will notify you about the event.

SKILLS: The staff will assist campers who express an interest or appear ready to advance in their independent diabetes management skills, but no undue pressure will be applied. When a child demonstrates a new skill, such as using a new site, they are recognized by the camp at the next meal as a "sharp shooter".

INTAKE: When you bring your child to camp on Intake day you will meet with the Health Center staff. This is an opportunity to discuss any concerns or questions you may have regarding your child's care at camp. When you retrieve your child the Health Center staff will be available to review your child's diabetes record and answer your questions. To protect all the campers, we take each child's temperature and inspect them for lice and visible signs of infection on intake day. Any child with a fever or lice has to be sent home. (See Head Lice Policy form for details.)

The Health Center is staffed 24 hours a day and is able to handle everything from minor injuries to true emergencies should they arise. You can call the Health Center phone 973 383-8556 any time to check on your child's diabetes status, but you may have to leave a message if no one can answer your call immediately. Your call will be returned within 18 hours. For questions other than medical care, please call the main office 973 383-2611.

NOTIFICATION: Either a doctor or nurse will notify the camper's parent(s)/guardian(s) if a serious medical event occurs at camp. Notification may be done after the event is resolved, at the discretion of the HC staff. Events that warrant notification include (but are not limited to): a trip to Urgent Care or the Emergency Room, serious hypoglycemia (involving a seizure or loss of consciousness), severe ketoacidosis or dehydration, the need for prescription medication, any illness requiring an overnight stay in the Health Center or any medication error more serious than a minor insulin miscalculation.

Thank you,
The Medical Committee 2024

Revised 9/2023



HEAD LICE POLICY

WHAT ARE HEAD LICE?

Head lice are tiny insects that live in, and lay eggs (nits) on, human hair. Head lice are highly contagious and often spread throughout a class or grade before being discovered. The sharing of a comb or a hat or putting a child's head on someone else's pillow case is all it takes to spread head lice from one person to another. The presence of lice has nothing to do with cleanliness and does not reflect poorly on you as a parent.

OUR POLICY IS:

All campers are checked for head lice upon arrival at the Health Center on the first day of camp. Campers with head lice are not able to attend Camp Neveda. **Refunds can not be given.**

CHECK YOUR CHILD FOR HEAD LICE

Check your child for head lice *before* she/he comes to camp, especially if there has been an outbreak in their school system. It is advisable to check your child several weeks before camp because successful treatment can take several weeks.

Head lice themselves are not easily visible, but the nits (eggs) can be. Nits look much like spots of dandruff, but cannot be easily removed from the base of the hair they're attached to.

TREATING YOUR CHILD FOR HEAD LICE

Treatment needs to be performed at least two times a few days apart. Once to kill the living lice and again a few days later to kill lice that may have hatched since the first treatment. In addition to treating your child, wash bedding and clothing in hot water and dry on high for at least 20 minutes to kill possible "hitchhikers."

Ask your pharmacist, school nurse or physician for a treatment recommendation. There are nontoxic treatments available for head lice.

PREVENTING THE FURTHER SPREAD OF HEAD LICE

To prevent the re-infestation or spread of head lice you also need to check the rest of your household and alert anyone else your child might have had close contact with.

Rev. 9/2023



MEDICAL SUPPLIES PACKING GUIDE 2024

ALL OF THESE SUPPLIES & MEDICATIONS MUST BE BROUGHT TO THE HEALTH CENTER DURING THE INTAKE PROCESS SO THEY CAN BE PROPERLY LABELED AND STORED.

INFUSION SITES are changed every three days at camp. Please bring TEN (five for the one-week sessions) change-outs to camp on intake day. Bring reservoirs, infusion sets, IV prep, dressings, and EMLA cream if used. Also bring extra batteries, your inserter; and anything else you use. Unused supplies will be returned when you come to pick up your camper. *Please remember to get those supplies when you pick up your child so we don't have to charge you \$10 to ship them.* Please do not arrive at camp needing to change your pump site on Intake Day. Please change it Saturday or Sunday before you come to camp.

INSULIN PENS: If your child uses a pen with refill cartridges (ex: NovoPen Echo, HumaPen Luxura, InPen) please bring the PEN with you. It will be labeled with the camper's name and returned at the end of camp.

INSULIN: Camp will supply most types of common insulin. If your camper is using a new or unusual form of insulin, please contact Camp Neveda before arriving to determine if you need to bring your insulin.

CGMs: You will need to bring all supplies needed to manage & maintain your child's CGM. This includes: at least 3 sensors (more if they fall off frequently), 1 extra transmitter, tape/adhesives, receiver (if used), phone charging cord & block. The receiver, phone and all cords and blocks must be labeled with camper's name prior to coming to camp. *We do not have extra CGM supplies to lend to campers. If your camper runs out of supplies while at camp, we will discontinue use of the CGM.*

NON-DIABETES MEDICATIONS:

- **No medications, including over-the-counter items and vitamins, are permitted in the camper cabins except asthma inhalers.**
- **For each medication (other than insulin) that your child takes, a separate Administration of Medication form must be filled out by both a parent/guardian and the prescribing doctor.**
- All prescriptions must be **in their original bottle with a pharmacy label.** If the current dose does not match the dose on the label, you must also bring a written note or prescription from the prescribing physician. Otherwise, we cannot accept/dispense it.
- Please send a few extra pills for the session in case one is dropped.
- **Over-the-counter (OTC, non-prescription) medicines (including vitamins) will NOT be administered at camp unless you provide a signed request from the child's physician that we do so (see Administration of Medications at Camp form).**
- If your child takes allergy or asthma medication, **please** remember to bring it to camp (with a doctor's order - See Administration of Medication at Camp form) even if he/she has not used it recently. Allergies may be triggered in the camp environment.

Revised 9/2023



Camper Internet and Technology Policy

Camp Neveda has been offering children and young adults living with diabetes fun activities since 1958. Camp Neveda Foundation's mission "is to enhance the lives of people with type 1 diabetes and their families through education, empowerment, camaraderie, supportive programs, and fun."

It has been our experience that electronic devices that allow a camper access to the internet or allow a camper to watch videos take away from Camp Neveda's ability to serve campers and, in some cases, prevent campers from having the positive experience that they deserve.

It is our decision and policy that campers should not have technology/devices that allow access to the internet, videos, and electronic games while at camp – this in addition to cell phones, which are already on the "do not pack" list sent to parents and campers (please refer to the CGM Policy for exceptions). We believe that this policy and practice will:

- ✓ Encourage our campers to socialize with one another
- ✓ Give campers a much-needed break from the world of technology
- ✓ Allow campers to fully embrace the connections they make with other campers
- ✓ Ensure that campers are not exposed to age-inappropriate material

Examples of technology/devices that should **NOT be brought to camp:**

- ✓ Laptop computers
- ✓ iPod Touches or iPods with video
- ✓ Handheld game devices
- ✓ Cell phones (see CGM and Cell Phone Policies for exceptions)
- ✓ Devices that access the internet (including smart watches)

Examples of technology/devices that are **ok to bring to camp** - as long as they remain in the cabin and are used with permission:

- ✓ iPods without video
- ✓ mp3 player devices (without video)
- ✓ Music players
(With headphones and without video)

Camp Neveda is not responsible for lost or stolen personal items. Therefore, it is recommended that valuables not be brought to camp. The permitted items listed above are simply that – permitted, not suggested.

We at Camp Neveda firmly believe that this policy will promote the beauty and experience of camp - and help to deepen the important relationships that are able to develop because of the simple fact that all of the campers have diabetes.

If you should have any questions, please do not hesitate to contact us at 973-383-2611 or information@campnejeda.org.



DIRECTIONS to Camp Nejedá

(Some directional programs may require the use of 07860 [Newton] as the zip code)

A. From Interstate 80 heading WEST.

(Morristown, NJ, New York City and points East)

1. I-80 West to Exit 25, Route 206 North.
2. *Go to C below.*

B. From Interstate 80 heading EAST

(Stroudsburg, PA and points West)

3. Follow I-80 ~4 miles into NJ to Exit 4C, Route 94 North.
4. *Go to F below.*

C. From Route 206 heading NORTH

(Andover, NJ and points South)

5. Proceed on Route 206 North through the town of Andover to Springdale about 9 miles from I-80. There is a traffic light there. Rt. 611 enters from the left; Stickles Pond Road enters from the right (Safelite Auto Glass is on your right.)
6. Proceed through the traffic light a very short distance and turn LEFT in front of the A&B Deli onto Fredon Road / Route 618.
7. Follow Fredon Road/Rt. 618 (which becomes Springdale-Fredon Road then Willows Road) to the end. Turn LEFT onto Rt. 94 South.
8. *Go to E below.*

D. From Route 206 heading SOUTH

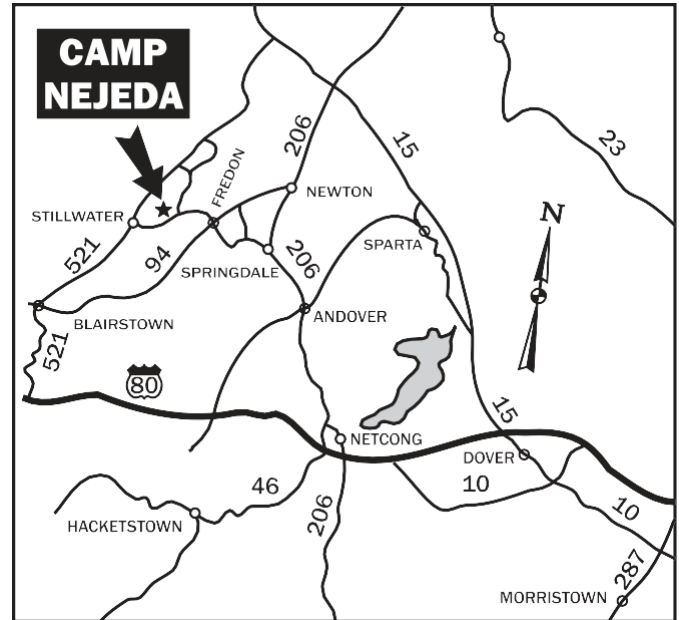
(Branchville, NJ and points North)

9. Proceed on Route 206 South into downtown Newton.
10. Bear RIGHT onto Route 94 South.
11. *Go to E below.*

E. From Route 94 heading SOUTH

(Fredon, NJ and points North)

12. Follow Route 94 south to traffic light at Stillwater Road/ Route 610 (on right) / Phil Hardin Road (on left) in Fredon, NJ. (~3 miles south of Newton Memorial Hospital. ~1 mile south of Route 618).
13. Turn RIGHT onto Stillwater Road / Route 610.
14. After ~2 miles bear LEFT at the fork staying on Route 610. (Notice County garages in front of you at Y intersection)
15. After ~1 mile turn RIGHT onto Saddleback Road. (Beige farm with green roof on right)
16. Note: Road turns left after second house on left side. Camp Nejedá's entrance is on your left immediately after the second bridge.



F. From Route 94 heading NORTH

(Blairstown, NJ and points South / West)

17. Follow Route 94 NORTH to second traffic light in Blairstown (downtown).
18. Turn LEFT, then immediately a sharp RIGHT onto Route 521 North (you will pass an ambulance building on the right).
19. Follow Route 521 several miles into Stillwater to a "T" intersection.
20. Turn LEFT, staying on Route 521.
21. Follow Route 521 ~½ mile to your first RIGHT, Saddleback Road.
22. Turn RIGHT onto Saddleback Road and continue to the first bridge.
23. Camp entrance is directly in front of you before crossing the bridge.

G. From Route 22 heading EAST

(Phillipsburg, NJ / Easton, PA and points West / South)

24. Follow Route 22 through Phillipsburg to Route 57.
25. Follow Route 57 to intersection with Route 519.
26. Turn LEFT onto Route 519 North to Hope, NJ.
27. At traffic light continue straight onto Route 521 (Route 519 will turn Right).
28. Follow Route 521 to STOP sign at Route 94.
29. Turn LEFT onto Route 94 South / Route 521 North.
30. At traffic light make HARD RIGHT to stay on Route 521 North.
31. *Go to F-19 above.*

PO Box 156 • 910 Saddleback Road • Stillwater, NJ 07875-0156

Phone: (973) 383-2611 • Fax: (973) 383-9891 • E-mail: information@campnejeda.org



NUTRITION AND DIET POLICY 2024

Camp Neveda has established these policies to enable us to expediently provide food for about 80 campers and 60 staff during each camp session. We try hard to accommodate each person's needs, but it is impossible to accommodate everyone's preferences.

1. The camp will not purchase any specialized foods except to accommodate those with Celiac Disease or lactose intolerance. We routinely have gluten free and lactose free foods and do not have room to store any additional family-supplied foods.
2. The camp will only accommodate food allergies if a note from a licensed physician is provided to us.
3. Due to some participants having severe allergies, please remember that our campus is COMPLETELY PEANUT FREE. No food or drinks containing peanuts will be permitted on campus.
4. You MAY NOT bring outside foods to camp unless they are to accommodate a food allergy documented on a note from a licensed physician AND discussed with the camp dietitian at least 1 week prior to your camper's arrival. We do not have the storage space to hold extra food.
5. We treat low blood sugars with glucose tablets, apple or grape juice, cheese crackers or a gluten free/lactose free alternative or Carnation Instant Breakfast depending on the circumstances and the time of day. Low blood sugars are medical emergencies and we cannot accommodate taste preferences in these situations.
6. For picky eaters, we will be offering the following alternatives at each meal along with the regular menu options and salad bar at lunch and dinner.
 - o Breakfast: cereal, yogurt, fruit, milk, packaged oatmeal, bread
 - o Lunch/Dinner: cottage cheese, beans, bread (with butter, sun nut butter, and/or jelly), at least one of the following: egg, tuna, or chicken salad
7. For vegetarians, the only options available besides menu options will be the above and veggie sausage patties, veggie burgers, and black bean burgers.
8. Religion-based food preferences will be respected and allowed at camp. However, we will not provide these foods (Kosher, Halal, etc.) and cannot provide separate cooking facilities for these foods. If you have a religious dietary preference that you would like to be observed at camp, you must provide your own food including all carbohydrate counts and ingredients clearly labeled. If you plan to bring your own food, you must also speak with the dietitian at least 1 week prior to your camper's arrival.
9. As there is unsubstantiated evidence of the safety and efficacy of very low/no carbohydrate diets (specifically, with regard to avoiding severe hypoglycemia in a residential camp setting) we cannot support the implementation of these types of diets at camp. Meals and snacks at Camp Neveda follow nutritional guidelines set by the American Academy of Pediatrics to include a variety of fat, protein, and carbohydrate-containing foods to support optimal blood glucose levels and fuel increased activity levels at camp. Your child may attempt to adhere to such a diet as much as s/he can within the constraints of the food choices available, but the camp staff will not be able to assist.

revised 9/2023



Closed-Loop Insulin Pumps 2024

This guideline and procedure is intended to assure the safety of children with closed-loop insulin pumps. Closed-loop pumps (CLP) are a major advance in technology that promotes the health of those with diabetes.

1. Whenever the pump alarms the camper must notify the counselor or Health Center staff.
2. The insulin delivered by the CLP is determined by individual's recent insulin. The vast majority of children need 10%-30% less insulin at camp than at home because of the higher activity level. Pump settings will be adjusted accordingly at intake.
3. We have Technology Facilitators at camp who are very familiar with diabetes technologies and they are available to handle problems 24/7.
4. Some CLPs are not FDA approved, e.g., "DIY closed loop systems." While a family may have become very comfortable with an unapproved device, we cannot risk the possibility of an unproven device having a dangerous malfunction at camp. Any such device must be used in manual mode at camp.

Revised 9/2023

BFF Weekend

Important Dates

Today:

Upon registration, you completed the following Mandatory Forms:

Health History
Developmental History
CGM & Cell Phone Policy
Medical Privacy (HIPAA)

February 1st:

First Payment of Payment Plan (if you signed up when you registered)

If you did NOT sign up for a Payment Plan & now want to, email barbara@campnejeda.org
or call the office at 973-383-2611

By March 1st:

Upload or submit photocopy of child's immunization record(s) [no form enclosed]
-Records can be obtained from your child's doctor or school nurse

Early Spring:

Make an appointment with your child's licensed diabetes healthcare provider for actual date of BFF Weekend so the Intake Form can be filled out

Remember to download and print a copy of the Intake Form and bring it to your child's diabetes care appointment. **This form is due 10 business days before BFF Weekend begins.**

If your child takes medications (other than insulin), make appointments (if required) with your child's prescribing doctor(s) and have the doctor(s) fill out the Administration of Medication form(s). *PLEASE REMEMBER:* each medication goes on its own form.
This form is due May 1st.

April 1st:

FINAL PAYMENT DUE

If you're applying for Financial Aid, be sure your application has been submitted online
AND all required documents have been uploaded/submitted

May 1st :

Campers Without Diabetes - FORMS ARE DUE: Administration of Medications

A recent physical should be submitted in lieu of the Intake Form

May 11th:

OPEN HOUSE 12 pm – 4 pm (Camp Nejeda Campground ONLY- no Day Camp locations)

A perfect time for new campers & their families to tour our campus, meet staff & ask questions

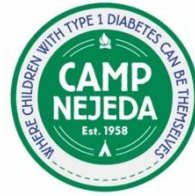
May 31st:

Campers With Diabetes - FORMS ARE DUE: Administration of Medications.

Nejeda BFF Intake Form (must be completed by your child's licensed diabetes healthcare provider within 3 weeks of Camp session)

IMPORTANT NOTE:

If you are registering your child after due dates for forms and/or payments, please submit them within a week of registering your child. If you have questions, please call our office at 973-383-2611.



REGISTRATION PACKET – DAY CAMP FORMS 2024

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REGISTRATION FORMS CHECKLIST 2024

*The following forms need to be completed and/or on file before your child comes to camp.
Additional copies of forms can be downloaded at www.campnejeda.org.*

RETURN to Camp with Registration Form

- Health History to be completed by parents
- Developmental History Form
- Insulin Contract and Behavior Agreement
- Continuous Glucose Monitor and Cell Phone Form, if applicable
- Medical Privacy Policy & Disclaimer (HIPPA Form)
- Closed-Loop Insulin Pump Policy
- Learning Opportunity (for campers without diabetes only)

RETURN to Camp by March 1, 2024

- Photocopy of child's immunization record(s) (no form enclosed)

RETURN to Camp 2-weeks BEFORE Camp Session Starts:

- Day Camp Recommendations Form
- Nejeda Day Camp Intake Form (must be completed by child's endocrinologist within 3 weeks of the start of camp)
- Administration of Medications at Camp Nejeda (only needed if medications other than insulin are needed at camp)

BRING to Camp on INTAKE DAY

- Health Insurance and Prescription Card so a copy can be made
- RiverWinds Release (for South Jersey campers only)

PARENT INFORMATION (read, do not return)

- Camper Packing Guide
- A Note from the Medical Committee
- Head Lice Policy
- Pumps, Pens and Non-Diabetes Medications
- Camper Internet and Technology Policy

These forms help us to plan for your child's visit.
Incomplete or missing forms slow down the intake process for everyone.
Please return all forms before or by the dates indicated above.

Thank you.



Summer and Extended Programs

2024 Registration

Please complete all 3 pages of the application and return it with \$50 non-refundable registration fee

Overnight Sessions:	Camper's Age	Dates	Price per camper*
<input type="checkbox"/> Session 1 – one week (5 nights)	7-12 years old	Jul 2 to Jul 7	\$1,200
<input type="checkbox"/> Session 2 – two weeks (12 nights)	8-13 years old	Jul 9 to Jul 21	\$2,300
<input type="checkbox"/> Session 3 – two weeks (12 nights)	13-16 years old	Jul 23 to Aug 4	\$2,300
<input type="checkbox"/> Session 4 – one week (5 nights)	11-15 years old	Aug 6 to Aug 11	\$1,200
<input type="checkbox"/> Session 5 – one week (5 nights)	7-15 years old	Aug 13 to Aug 18	\$1,200

*Price includes \$50 registration fee (refundable until May 1 unless Camp Neveda cancels the program).
 **Due to capacity limitations and our desire to ensure that every child is able to go to Camp Neveda that wants to, campers are limited to one overnight session during Summer 2024.

Day Camp Sessions:	Dates	Price per camper*
<input type="checkbox"/> South Jersey – Week 1	Jul 8 to Jul 12	\$450
<input type="checkbox"/> South Jersey – Week 2	Jul 15 to Jul 19	\$450
<input type="checkbox"/> South Jersey – Both Weeks	Jul 8-12 & Jul 15-19	\$850
<input type="checkbox"/> Other locations – 1 week	TBD	TBD

*Price includes \$50 registration fee (refundable until May 1 unless Camp Neveda cancels the program).
 All Day Camps are ages 6-15.

Family Camp Sessions:	Dates	Price per family of 4**
<input type="checkbox"/> June Family Camp	Fri, Jun 21 – Sun, Jun 23 (2 nights)	\$1,000
<input type="checkbox"/> August Family Camp 1	Sun, Aug 18 – Tue, Aug 20 (2 nights)	\$1,000
<input type="checkbox"/> August Family Camp 2	Thu, Aug 22 – Sat, Aug 24 (2 nights)	\$1,000
<input type="checkbox"/> Labor Day Family Camp	Sat, Aug 31 – Mon, Sep 2 (2 nights)	\$1,000

**Price includes programs, accommodations and food for up to four family members. Price includes \$50 registration fee (refundable until May 1 unless Camp Neveda cancels the program). Additional family members are \$75 each.

Spring Programs:	Dates	Price per Camper*
<input type="checkbox"/> Spring BFF Weekend	Jun 7 to Jun 9	\$275

*Price includes \$50 registration fee (refundable until May 1 unless Camp Neveda cancels the program).
 BFF Weekend ages 6-16.

CAMPER'S NAME: _____
LAST FIRST M.I.

BIRTHDATE: _____ M F Other: _____ Preferred Pronouns: _____

ADDRESS: _____
STREET APT #

CITY STATE ZIP COUNTY: _____

Parent One _____
 Relationship to camper _____
 Address (if different) _____

 Email _____
 Employer _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____

Parent Two _____
 Relationship to camper _____
 Address (if different) _____

 Email _____
 Employer _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____

IN EMERGENCY, if parents or guardians cannot be reached, notify:
 _____ Relationship _____ Cell Phone _____

Please complete all 3 pages of the application – thank you!



Continued from page 1

CAMPER'S NAME: _____

RACE (circle): American Indian/Native American Native Hawaiian/Pacific Islander African American Hispanic Asian White

To celebrate the diverse backgrounds of everyone at Camp Neveda, flags are displayed in the dining hall which represent our cultural heritage. If you would like to participate, please tell us which countries you would like included:

Age when at camp in 2024 _____

FAMILY CAMP: Number of family members attending (adults and children): _____

Children's Names (checkmark indicates child with diabetes):

<input type="checkbox"/>	_____	DOB _____	<input type="checkbox"/>	_____	DOB _____
<input type="checkbox"/>	_____	DOB _____	<input type="checkbox"/>	_____	DOB _____

Adults' Names (with DOB): _____

Does your camper use an insulin pump? Yes No If yes, what type? _____

Does your camper use a Continuous Glucose Monitor (CGM)? Yes No If yes, what brand? _____

Is your camper currently planning on using their CGM at camp? Yes No

Is your camper going to be using a cell phone as the CGM Receiver? Yes No If yes, what type? _____

**If yes, please make sure to familiarize yourself with the CGM Policy Form.*

Where did you learn about Camp Neveda? _____

Is your camper a first-time or repeat camper at Camp Neveda?

First-Time Camper: Welcome! New campers have the opportunity to be assigned a Dia-buddy: a returning camper they can connect with before camp, who is registered to attend their camp session. Are you interested in having a Dia-buddy? Yes No

Returning Campers: Welcome back! Is your camper interested in becoming a Dia-buddy to help welcome a new camper to camp? Yes No

By signing below, I give Camp Neveda permission to give my name and contact information to another camper parent for the purpose of my child's participation in the Dia-buddies program.

Signature _____ Date _____

Please complete all 3 pages of the application – thank you!

Return completed form to: CAMP NEVEDA, P.O. Box 156, Stillwater, NJ 07875-0156
Phone: (973) 383-2611 Fax: (973) 383-9891 www.campnejeda.org



Continued from page 2

CAMPER'S NAME: _____

- Summer Camp, Day Camps, and Extended Programs: I hereby am registering my child for camp. I give consent to the administration of insulin and whatever other medical care and advice may be deemed necessary while at camp. In case of emergency, I understand every effort will be made to contact parents or guardians of campers. In the event that I cannot be reached, I hereby give permission to the camp physician and/or camp director to hospitalize, secure treatment for my child, as named, and hereby release the camp from any liability for any accident or injury to said child occurring at camp or on a camp-sponsored trip off the camp site.
- Family Camp: I accept responsibility for my care and the care of my family while at Camp Neveda.
- Image Release: I give permission for the use of pictures, images or other likenesses of my child and/or family to be used for promotion, educational material or other purpose deemed necessary by the Camp Neveda Foundation, Inc.
- Cancellations / Refunds: Fees (minus the registration fee) will be refunded up until 2 months before the camper's session begins. Within two months of the session, a refund or credit may be applied if the camper's spot is able to be filled. Registration fees are refundable until May 1 unless the camp program is canceled by Camp Neveda.
- Camp Neveda Communications: Camp Neveda communicates with parent(s)/guardian(s) of campers using assorted communication tools including email, telephone, text, and US Mail. I give permission for Camp Neveda to send communications to the family - *please do not opt-out/unsubscribe.*"

Signature _____ Date _____ Relationship to Camper _____

Bunkmate Request _____

Our program staff will do all they can to grant **reciprocal** cabinmate/staff requests, but they are not guaranteed. (If BOTH camper families do not make the request then we may not be able to accommodate you.) Thank you for your understanding!

To inquire about the availability of an all-gender housing, please contact victoria.benyo@campnejeda.org.

PAYMENT INFORMATION: (Check all that apply. Remember to include registration fee in calculations.)

I have enclosed a check / money order in the amount of \$ _____ and will pay any balance owed **before May 1, 2024.**

I am paying the entire balance now.

I have enclosed the \$50 registration fee and would like to set up a payment plan. (Full payment is due **by May 1, 2024.**)

Number of payments (circle): 1 2 3 4 (Full payment is due **by May 1, 2024**)

Dates: 1 _____ 2 _____ 3 _____ 4 _____

I will send my payments by check or money order payable to: Camp Neveda.

I will call the office to make a credit card payment.

I have enclosed the \$50 registration fee. Payment will be coming from a third party (other than a parent/guardian).

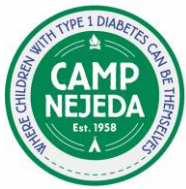
Please include contact information for the third party: _____

I have enclosed the \$50 registration fee. I will be applying for financial aid. (Applications are available online now or you can request a paper copy from our office at 973-383-2611. Applications **must be submitted by April 15, 2024.**)

Please accept my tax-deductible donation in support of Camp Neveda's programs for children and families with diabetes. \$ _____

Please complete all 3 pages of the application – thank you!

Return completed form to: CAMP NEVEDA, P.O. Box 156, Stillwater, NJ 07875-0156
Phone: (973) 383-2611 Fax: (973) 383-9891 www.campnejeda.org



CAMPER HEALTH HISTORY 2024 page 1 of 2

(To be completed by Parents)

Camper _____ Birthdate _____ Session _____
Last Name First Name

Parent or Guardian _____ Home Phone _____
Home Address _____ Cell Phone _____
Home Email Address _____ Occupation _____
Employer Name _____ Employer Phone _____
Business Address _____

Second Parent or Guardian _____ Home Phone _____
Home Address _____ Cell Phone _____
Home Email Address _____ Occupation _____
Employer Name _____ Employer Phone _____
Business Address _____

If not available in an emergency, notify:

Name _____ Relationship _____ Phone _____
Address _____

HEALTH HISTORY

Frequent Ear Infections _____ Hypertension _____
Heart Defect/Disease _____ ADHD _____
Diabetes _____
Asthma _____
Bleeding/Clotting Disorders _____
Convulsions/Seizures most recent date: _____
Incontinence (bedwetting, soiling) _____
Environmental Allergies _____ Food Allergy (need MD verification) _____
Insect Allergies _____ Medication Allergy _____
Other _____

Operations or serious injuries (include dates) _____

Does your child require any medication other than insulin? _____ If yes, please complete the Administration of Medication form and list medications here:

Name of Family Physician/Pediatrician _____ Phone _____

Name of Endocrinology Practice: _____ Location: _____

Name of Endocrinologist(if applicable) _____ Phone _____

Name of Dentist/Orthodontist _____ Phone _____

Do you carry family medical/hospital insurance? _____ If yes, indicate Carrier: _____
Policy or Group # _____

Prescription Plan _____

YOU MUST BRING YOUR INSURANCE CARD TO CAMP AT INTAKE TO BE PHOTOCOPIED.

Name of Subscriber _____ Subscriber's Date of Birth _____

[COMPLETE AND SIGN PAGE TWO]

HEALTH HISTORY 2024 page 2 of 2

Campers with diabetes, please complete the following section:

Has your child ever had a seizure with a low blood sugar? _____
If on an insulin pump, please list brand/model: _____ Pump serial number: _____
If on an insulin pump, when did they begin using this pump? _____
Has he/she had any problems with this pump? (If yes, please describe) _____

If on an insulin pump, what is their level of independence? (check any that apply)
 Able to input carbs into pump with adult supervision Requires nurse to enter carbs into pump
What was the result and date of your child's last Hemoglobin A1c (HbA1c)? _____ Test Date: _____
Diabetes Diagnosis Date (month/year): _____ Age at Diagnosis: _____
What rapid acting insulin does your child use? _____ Long acting? _____

If on injections, what skill(s) does your child have? (check any that apply)
 Prepares pen for injection Injects self None of the above
=====

What is your child's level of activity? Active Moderate Sedentary If sedentary, how many hours/day are they sedentary? ____
If applicable: Has your child ever had a period? _____ If not, has your child been told about it? _____
If yes, does your child have periods every month? _____ Any problems with periods? _____

*****PLEASE NOTIFY THE CAMP IF CHILD HAS ANY ILLNESS (including a mental health crisis) WITHIN THREE WEEKS PRIOR TO CAMP.*****

PLEASE NOTE: YOU MUST PROVIDE A COPY OF YOUR CHILD'S IMMUNIZATION RECORD FROM HIS/HER DOCTOR OR SCHOOL. YOUR CHILD CANNOT BE ALLOWED IN CAMP WITHOUT THIS INFORMATION. *Please submit by 3/1/2024.*

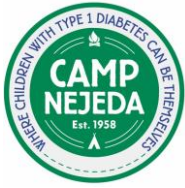
Suggestions for camp medical personnel _____

If my child attends camp, I give consent to the administration of insulin and whatever other medical care may be deemed necessary while at camp. In case of MEDICAL EMERGENCY, I understand every effort will be made to contact parents or guardians of campers.

I do hereby state that I am the parent/guardian having legal custody of _____ a minor, age _____

I authorize Camp Nejedra to consent to any laboratory or X-ray examination, anesthetic, medical or surgical treatment and hospital care to be rendered to my child under the supervision of a licensed physician. I hereby release the camp from liability for any accident or injury to said child occurring at camp or on a camp-sponsored trip off the site. Camper's forms may be photocopied as necessary.

Signature _____ Date _____
Print Name _____ Relationship to Camper _____



DEVELOPMENTAL HISTORY 2024

Camper _____
Last Name First Name

Session _____

Does your child have a 504 or IEP at his/her school for any reason other than their diabetes?

Yes No

If your child has an IEP or 504 at school, would you be willing to share important topics of the document with us?

Yes No

If yes, please list important topics:

Have there been any recent changes in your family dynamics (divorce, separation, death of loved one, etc.)?

Yes No

If yes, please explain:

Have there been any impactful events in your child's life in the past year (change of home or school, etc.)?

Yes No

If yes, please explain:

Has your child been hospitalized or evaluated for any mental health concerns?

Yes No

Does your child have any emotional or behavioral challenges (homesickness, anxiety, socialization challenges, etc.) that we can help to manage in the camp setting?

Yes No

If yes, please share details:

If your child becomes upset, what kinds of coping mechanisms do they use to calm down?

Does your child have any physical issues that we will need to know about during his/her stay at camp (bedwetting, sleep walking, night terrors, etc.)?

Yes No

If yes, please share details:

Is there anything about your child that you can share with us that will help your child to succeed at camp?

Yes No

If yes, please explain:

What are your camper's interests?

What are your camper's biggest fears?



Summer Camp Insulin Contract and Behavior Agreement 2024

Camper _____
LAST NAME, FIRST NAME

Session _____

Parents: Please take a moment to review the following agreement with your camper. Signify that you both understand and agree to each statement by checking the box.

- Insulin:** I understand that I am not allowed to carry or possess insulin except the insulin that is in my pump, if I use one. All insulin will be kept with the medical staff at all times. Insulin administration will only be done or supervised by a nurse or doctor. If I use an insulin pump, I will not administer insulin to myself and will not change the basal rates except when told to do so by a nurse or doctor.
- Insulin:** Anyone possessing or administering insulin without the knowledge of the Camp Nejeda nurse or doctor may be sent home immediately at the discretion of the camp. No refunds will be given.
- I will arrive and remain at camp with a positive attitude, open to meeting new people and trying new activities.
- I will work with my counselors and group towards creating a group environment that is safe and welcoming for each of us.
- I will work with my counselors and group to set expectations for our group behavior and will adhere to these expectations.
- I understand that doing intentional harm or bullying another camper, either physically or emotionally, is grounds for dismissal from camp.
- I understand that although I may be able to solve some conflicts on my own, my counselors are always ready to listen and assist if there is a problem. I understand that my counselors and all of the camp staff need and want to help but can only do so if I am willing to share any concerns that I have with them.
- I will remain with my group or activity group as required.
- I will use appropriate language and understand that the use of excessive, deliberate, profane language will not be accepted.
- I will leave my cell phone at home understanding that if there is an emergency I should notify a camp staff member (see CGM and Cell Phone Policy for exceptions to this rule).
- I will not bring the following items to camp: laptop computers, iPod Touches, smart watches, handheld gaming devices.
- I will be respectful of the property and personal space of other campers. I will only use my camera in appropriate areas and will only take pictures of those who agree to be photographed. I will not bring any video recording devices to camp.
- I will not possess smoking or vaping materials, lighters, matches, illegal drugs, alcohol or weapons of any kind on the camp grounds.

We have read and agree to the above behavior agreement and understand that not following these policies may result in disciplinary actions including dismissal from camp.

Camper's Signature: _____ Date _____

Parent's Signature: _____ Date _____



Continuous Glucose Monitors (CGM) and Cell Phones 2024

(Please read, sign and return if applicable)

Camper _____ Birthdate _____ Session _____

Cell Phones

At Camp Nejedra we keep campers as safe and healthy as we can while they have fun and learn. Many diabetes devices require that a camper have a cell phone nearby to continuously monitor their glucose or control their insulin pump. The cellphone is permitted as a medical device only; using the cell phone for other purposes is not allowed at camp. The camper will be responsible for carrying the phone during the day and charging the phone nightly.

A camper/family may opt for the phone to be used for night time monitoring only. Those cell phones will be locked in their cabins so that their glucose can be monitored in the Health Center at night.

1. Nejedra will not be responsible if the cell phone or CGM receiver is lost, stolen or damaged.
2. At intake the SIM card will be given to the parent/guardian to take home. This prevents a camper from using their phone for any non-medical purpose. (This does not apply to BFF Weekends.)
3. The phone will be connected to a limited Wi-Fi to allow the Health Center to monitor glucoses.
4. At intake, we will turn off any communication from the cell phone to the parents/guardian, e.g., following glucoses. (This does not apply to BFF Weekends.)
5. Campers will not be allowed to use the phone to call, text, take pictures or access the internet. Taking pictures is prohibited because other campers have not consented to have their pictures taken.
6. Failure by campers and/or parents to follow these rules will result in the cell phone being inactivated and placed in the camp director's office for the remainder of camp and can also result in camper being sent home from camp.
7. Please make sure you pick up your child's cell phone, charger and cord at the end of camp. If you neglect to do so, we have to charge a nominal fee for shipping it.

CGMs

This policy and procedure is intended to allow the maximum benefit from CGMs with the least burden for the camper, counselor, and medical staff.

CGMs potentially reduce the risk of missing important hypo- or hyperglycemia and, for those models and camper ages that are FDA approved, provide an alternative to finger stick glucose measurements. CGMs require responding to their alarms, which may require a check of blood glucose with a meter.

Since CGMs monitor the glucose surrounding the cells (interstitial) instead of blood glucose, the readings are delayed by about 15 minutes compared to blood glucose.

1. Whenever possible, CGM readings will be used to manage a camper's diabetes. There may be times when a finger stick is necessary, particularly if the CGM alarms.
2. Because camp is noisy and tired people sleep soundly, any receiver alarm will be set at its loudest. The repeat alarm interval will be set at 30 minutes for a low glucose and 120 minutes for a high glucose. (This does not apply to BFF Weekends.)
3. At camp the low glucose alarm will be set at 70 and the high alarm at 300 mg/dl to maximize the value of the alerts and minimize interruptions in activities and sleep. (This does not apply to BFF Weekends.)
4. If the camper so chooses or at the discretion of the pediatric endocrinologist at camp, use of the CGM may be discontinued for all or part of the day. The endocrinologist will most likely discontinue use of the camper's CGM if it has many false alarms.
5. We understand that some parents are able to follow their child's BG readings through certain apps that connect directly to the Dexcom servers. Although we will not be removing apps from a parent's phone, we do strongly encourage parents to temporarily disconnect their follow capability in order to take a well-deserved respite from the stress of constantly having to monitor diabetes. Be assured that we are also following your child. We will receive the same alerts and treat them accordingly and in a timely manner.

I have read and understand the above Nejedra policy regarding Cell Phones and CGMs.

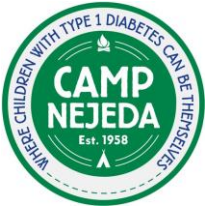
Parent's signature _____

Date _____

Camper's signature _____

Date _____

Revised 9/2023



MEDICAL PRIVACY POLICY AND DISCLAIMER 2024

Camper _____ Birthdate _____ Session _____
LAST NAME, FIRST NAME

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects the privacy of a patients' health information. Although Camp Neveda is not a health care provider, we are telling you some of your rights under HIPAA. Personal health information (PHI) includes information about: (1) an individual's physical or mental condition; (2) the provision of health care to an individual; and (3) the payment for health care.

Camp Neveda makes an intense effort to maintain the confidentiality of any Private Health Information (PHI) that we think or you tell us is sensitive except as related to diabetes as noted below. The files are kept locked and are only available to medical personnel, the camp director, the executive director and his/her designees. Since, the medical care at Camp Neveda is administered by a team, anyone on that team, including nurses, doctors, residents and a health center administrative person, may require access to an individual's record. In addition, if care is required in an Emergency Room or other health care facility, personnel at such facilities may need and will be given access to an individual's medical records.

However, Camp Neveda cannot guarantee the confidentiality of the PHI of campers or staff. This includes glucose readings, insulin doses, and medications taken by an individual other than insulin. Since glucose measurement, insulin administration and medication administration are performed in a group setting, anyone in the group might view another person's health information or recognize the medicine that another person is taking,

A patient's personal health information may not be used for purposes unrelated to health care, nor can such information be shared with or marketed to an outside business such as a life insurer or marketing firm without a patient's written authorization. An authorization allows the use and disclosure of protected health information for purposes other than treatment, payment and health care operations. Other than the information that might be discernable to others in a group setting, Camp Neveda maintains the strict confidentiality of all other medical information.

Release and Consent

I have read the above and understand the limits to which my or my child's personal medical information will be protected by Camp Neveda. I agree that these limits are reasonable and that the medical information cannot be kept as confidential as it might be in a medical facility. I understand that Camp Neveda is not offering any method to enhance confidentiality beyond what is stated above. If the limits are unacceptable, I will withdraw my child from participation in Camp Neveda.

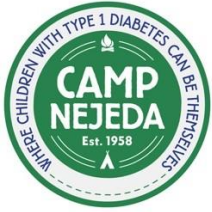
Printed Name of Signer

Relationship to Camper

Authorized Signature

Date

PO Box 156 • 910 Saddleback Road • Stillwater, NJ 07875-0156
Phone: (973) 383-2611 • Fax: (973) 383-9891 • E-mail: information@campnejeda.org



Closed-Loop Insulin Pumps 2024

This guideline and procedure is intended to assure the safety of children with closed-loop insulin pumps. Closed-loop pumps (CLP) are a major advance in technology that promotes the health of those with diabetes.

1. Whenever the pump alarms the camper must notify the counselor or Health Center staff.
2. The insulin delivered by the CLP is determined by individual's recent insulin. The vast majority of children need 10%-30% less insulin at camp than at home because of the higher activity level. Pump settings will be adjusted accordingly at intake.
3. We have Technology Facilitators at camp who are very familiar with diabetes technologies and they are available to handle problems 24/7.
4. Some CLPs are not FDA approved, e.g., "DIY closed loop systems." While a family may have become very comfortable with an unapproved device, we cannot risk the possibility of an unproven device having a dangerous malfunction at camp. Any such device must be used in manual mode at camp.

Revised 9/2023



LEARNING OPPORTUNITY FOR DAY CAMPERS 2024

(For campers without diabetes only – Please return to Camp by May 1, 2024)

Camper _____ Birthdate _____
Last Name First Name

At Nejeda Day Camp we want to give not only a great diabetes camp experience to those campers with diabetes but also teach those friends and family members without diabetes what it is like to live with diabetes whenever possible.

As part of this learning experience, we want to make it an option (**not** a requirement) for campers without diabetes to prick their fingers (for blood sugars) or feel what it is like to put in a pump infusion set (the site only, not an insulin pump).

Only if you indicate and sign on this permission form AND the camper is comfortable will this opportunity occur for your camper. We will not be pushing this to any camper without diabetes, so even if you give your permission your camper may still decline!

If you should have any questions, please contact our Health Center Director at robin.greengrove@campnejeda.org or 973-383-2611.

I hereby give permission for my camper to have their finger pricked or test an infusion set supervised and performed by a Nejeda Day Camp nurse. My camper may still decline to participate even with my permission.

- I give permission
- I do not give permission

Parent Signature _____ Date _____



Day Camp Recommendations 2024

At Day Camp, the campers are extremely active throughout the day. In years past, there have been an abundance of low blood sugars causing most campers to sit out from activities more often than participating. We would like to share some recommendations to help prevent your child from going low and to enjoy Day Camp to the fullest.

- It is important that your camper eat a **good breakfast** every morning before camp.
- With the increased activity at camp, your camper may need **less insulin** coverage to prevent low blood sugar during, or after activities. Please discuss and strongly consider the following recommendations with your Endocrinologist:
 - a. A blood sugar target of **150** for **every meal** during the week of camp
 - b. Decreasing the **basal** insulin by **10%** for the full 24 hours, starting Monday morning through Saturday morning during the week of camp

It is important to note, parents **need** to make all insulin changes under the supervision of their child's endocrinologist. The nurses at Day Camp can give extra carbs for lows but **cannot** make any changes in the child's insulin regime while at day camp.

Please have your child's endocrinologist as well a parent sign below to show these recommendations have been acknowledged.

ENDOCRINOLOGIST SIGNATURE

DATE

PARENT SIGNATURE

DATE

NEJEDA DAY CAMP INTAKE FORM - 2024

This form must be filled out by the camper's endocrinologist within 3 weeks of the start of camp.

NAME: _____ AGE: _____ ALLERGIES: _____ YEARS WITH DM: _____ SPEC # _____

SEIZURES/DKA/OTHER PROBLEMS: _____ PARENT CONCERNS: _____

SCHEDULED SNACK? _____ PERTINENT HEALTH HISTORY: _____ A1C _____

HEIGHT: _____ WEIGHT: _____

CIRCLE INSULIN DELIVERY METHOD:

CHECK INSULIN TYPES:

- HUMALOG LANTUS TIME OF DAY _____
- NOVOLOG LEVEMIR TIME OF DAY _____
- APIDRA BASAGLAR TIME OF DAY _____
- TRESIBA NPH _____ UNITS @ _____
- FIASP

PUMP – BRAND: _____ SERIAL # _____

CGM – BRAND: _____

SYRINGE/PEN – NEEDLE SIZE: _____

TARGET: _____

(IF RANGE, USE HIGHEST AT HOME)

CORRECTION FACTOR: _____

(SENSITIVITY, ISF, INS:GLUCOSE RATIO)

INSULIN CARB RATIOS: _____ **OR**

AM: _____

LUNCH: _____

PM: _____

PLEASE PROVIDE PRE-PRINTED CHEAT SHEETS

OR INSULIN SCALES, IF USED AT HOME

OTHER MEDICATIONS (I.E. INHALERS)

PHYSICIAN SIGNATURE: _____

DATE: _____

PRINT NAME & PHONE OF MD OR STAMP: _____

INSULIN SLIDING SCALE TO CORRECT HIGH SUGARS:

BLOOD SUGAR RANGE UNITS OF INSULIN

PRIMARY CONTACT: _____

RELATIONSHIP TO CAMPER: _____

PHONE NUMBER: _____

PARENT/GUARDIAN SIGNATURE: _____

REVIEWED & UPDATED WITH PARENT ON FIRST DAY:

NURSE'S SIGNATURE: _____

DATE: _____





Administration of Medications 2024

Dear Parent/Guardian,

We need you and your child's doctor to complete this form to help us safely administer medicines (both prescribed and "over the counter") and supplements to minors (campers and a few counselors) at camp. Camp Neveda prohibits campers and staff from having medication in their possession and from administering their own medication. If the nurse is to administer the medication, parental permission and a written statement from the physician prescribing the medication is required. This applies to all prescription and non-prescription medications or necessary "dietary supplements."

Please do not use this form for the following medications as we keep them in stock and have a standing order from our Medical Director to administer them as needed: insulin, acetaminophen (Tylenol), ibuprofen (Motrin, Advil), calcium carbonate (Tums), diphenhydramine (Benadryl), glucagon, cough drops, throat spray, epinephrine (Epi-pen) and Maalox/ Mylanta.

Please use a separate sheet for each medicine/supplement.

Parent/Guardian Request for Administration of Medicine/Supplement at Camp

I request that my child _____

Receive _____ while at camp.

(Specify: medicine, by mouth or other, dose and time(s) of day)

(Parent/Guardian Signature)

(Date)

Please bring medication to camp in its original pharmacy container labeled with child's name, drug name, dosage, time(s) to be given and prescribing provider's name. Thank you for your cooperation in this matter!

Provider Request for Administration of Medicine/Supplement at Camp

Name of Patient _____ Birth Date: _____

Name of Drug/Supplement _____

Dose: _____ Time(s) of Administration _____

Reason for Medication: _____

Side Effects: _____

Provider Name: _____ Signature: _____

Provider Address: _____ Phone # _____



RiverWinds Indoor Climbing Wall

PLEASE PRINT CLEARLY

Member _____

Guest _____

(for Nejeda Day Camp - South Jersey campers only!)

Name _____ Date of Birth _____

Address _____ City _____ State ____ Zip _____

Emergency Contact _____ Phone _____

Release of Liability/Agreement Not to Sue for Climbing Wall/or other Indoor or Outdoor Activities

I, _____, AM AWARE THAT ROCK CLIMBING/ARTIFICIAL WALL CLIMBING/ OR OTHER INDOOR OR OUTDOOR ACTIVITIES INCLUDE CERTAIN RISKS INCLUDING BUT NOT LIMITED TO THE RISK OF INJURY OR DEATH. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY AND/OR INSTRUCTION ABOUT THIS ACTIVITY WITH KNOWLEDGE OF THE DANGERS INVOLVED, AND HEREBY AGREE TO ACCEPT FULL RESPONSIBILITY FOR THE RISKS AND DANGERS INVOLVED. Please Initial Here _____

In consideration of being allowed to use the climbing facilities and participate in programs at RiverWinds Indoor Climbing Wall:

1. I agree that I will not sue, or otherwise make any claim against RiverWinds, West Deptford Township, or its employees, agents (whether paid or volunteer), and contractors, for any loss, injuries or damages resulting from participation in rock climbing/ artificial wall climbing/or other indoor or outdoor activities at RiverWinds Community Center.
2. I agree that RiverWinds Community Center, its employees, agents, and contractors, will not be legally responsible for any loss, injury, or damage of any kind to me, my heirs, or assigns, resulting from any cause, including negligence.
3. I agree to use the climbing facilities according to the rules and regulations of RiverWinds Community Center.
4. I agree that as to any equipment, which I provide or borrow or rent from RiverWinds Community Center during any climbing or other indoor or outdoor activity, I use at my own risk. I understand and agree that RiverWinds Community Center shall not be liable for any loss, damage or injury resulting fro the use of said equipment. RiverWinds Community Center makes no warranties regarding said equipment.
5. To the fullest extent allowed by law I agree to RELEASE, INDEMNIFY AND HOLD HARMLESS RIVERWINDS COMMUNITY CENTER, its employees, agents, and contractors from all actions or claims which could be brought by myself, my heirs, assigns or personal representative(s) for any loss, injury or damage sustained during and resulting from participation in rock climbing/ artificial wall climbing/ or other indoor or outdoor activities at RiverWinds Community Center including any loss, injury or damage resulting from the use of any equipment.
6. The terms of the Release shall also be binding as to any other persons, including all family members, heirs, executors or administrators, and including any minors who may accompany me. I understand that this is a binding contract which supersedes any other agreements or representations, and is not intended to provide a comprehensive and complete release of liability, but is not intended to assert defenses which are prohibited by law.
7. I am legally competent to sign this Release; or, my parent or guardian has read and signed this Release.

I HAVE CAREFULLY READ THIS AGREEMENT. I FULLY UNDERSTAND ITS CONTENTS AND SIGN IT OF MY OWN FREE WILL.

Date _____ Participant _____

Must also be signed by parent or legal guardian if Participant is a minor under 18 years of age.

Date _____ Parent or Guardian _____



CAMPER PACKING GUIDE

Please put camper's name on all belongings in a small bag or backpack for use at the camp program. No money or valuables are to be brought with the camper to the program. Camp Neveda is not responsible for items lost, destroyed, or left at the program site. Camp Neveda provides all diabetes supplies except pump and CGM supplies. Please review the form Pumps, Pens and Non-diabetes medications (enclosed) for important information on bringing those items to camp.

All campers should bring sturdy tennis shoes AND socks for use during the majority of the day. Flip-flops can **ONLY** be used while walking to and from the pool and **CANNOT** be worn as everyday footwear.

For South Jersey Day Camp Only: Campers should bring the following each day in a small bag or backpack: swimsuit (best to be worn under regular clothes, female staff and campers must wear a one-piece swimsuit), towel, and a change of clothes after the pool.

Campers should **NOT** bring: cell phones, swim fins, snorkels; candy, gum; knives, axes, and all cutting tools; matches, sparklers, caps, etc.; cigarettes, vapes, valuables and money. **NO INSULIN OR MEDICATIONS** are allowed with campers – they must be given to the nurse (who will always be at the program site).



A NOTE FROM THE MEDICAL COMMITTEE 2024

Camp Neveda's Health Center staff are committed to (1) helping each camper have an enjoyable experience in a safe and healthy setting and (2) increasing the camper's knowledge about diabetes management. Good diabetes control is important for children with diabetes; however, life at camp is very different from life at home (e.g., meals and activity level) and therefore, diabetes management in a camp setting can pose special challenges. We recognize that we cannot always customize the management of your child's diabetes at camp as well as you do at home and we continue to do the best we can.

INSULIN DOSES: The medical staff usually prescribes lower insulin doses at camp than those used at home. Since we review every camper's blood glucose (BG) levels at least daily, we sometimes achieve better control than is achieved at home. It is possible that, despite our best effort, BG control may not be as good as it is at home. Regardless, the Health Center staff (nurses and doctors) will provide real-time feedback to help the camper understand the causes and effects in diabetes management. We give the insulin for food before the meals, which is best for diabetes control. Each camper is shown a menu and asked what s/he plans to eat. If s/he eats more than planned, additional insulin is given after the meal. Children using tubed pumps will get a morning dose of Levemir before water trips so their pumps can safely be disconnected for 12 hours.

HYPOGLYCEMIA TREATMENT: When a camper's glucose is low (less than 70 daytime, less than 100 nighttime), we use a standard treatment protocol for all campers. The camper is given glucose tablets (juice overnight) followed by a complex carbohydrate snack. For those in closed loop mode on a closed loop pump, we use a reduced treatment protocol. We cannot customize treatment for individual campers except in cases where there are medically documented dietary restrictions, e.g. gluten free. If your child experiences a hypoglycemic event while at camp and requires glucagon, we will be administering whichever type of glucagon is most readily available at the time and will notify you about the event.

SKILLS: The staff will assist campers who express an interest or appear ready to advance in their independent diabetes management skills, but no undue pressure will be applied. When a child demonstrates a new skill, such as using a new site, they are recognized by the camp at the next meal as a "sharp shooter".

INTAKE: When you bring your child to camp on Intake day you will meet with the Health Center staff. This is an opportunity to discuss any concerns or questions you may have regarding your child's care at camp. When you retrieve your child the Health Center staff will be available to review your child's diabetes record and answer your questions. To protect all the campers, we take each child's temperature and inspect them for lice and visible signs of infection on intake day. Any child with a fever or lice has to be sent home. (See Head Lice Policy form for details.)

The Health Center is staffed 24 hours a day and is able to handle everything from minor injuries to true emergencies should they arise. You can call the Health Center phone 973 383-8556 any time to check on your child's diabetes status, but you may have to leave a message if no one can answer your call immediately. Your call will be returned within 18 hours. For questions other than medical care, please call the main office 973 383-2611.

NOTIFICATION: Either a doctor or nurse will notify the camper's parent(s)/guardian(s) if a serious medical event occurs at camp. Notification may be done after the event is resolved, at the discretion of the HC staff. Events that warrant notification include (but are not limited to): a trip to Urgent Care or the Emergency Room, serious hypoglycemia (involving a seizure or loss of consciousness), severe ketoacidosis or dehydration, the need for prescription medication, any illness requiring an overnight stay in the Health Center or any medication error more serious than a minor insulin miscalculation.

Thank you,
The Medical Committee 2024

Revised 9/2023



HEAD LICE POLICY

WHAT ARE HEAD LICE?

Head lice are tiny insects that live in, and lay eggs (nits) on, human hair. Head lice are highly contagious and often spread throughout a class or grade before being discovered. The sharing of a comb or a hat or putting a child's head on someone else's pillow case is all it takes to spread head lice from one person to another. The presence of lice has nothing to do with cleanliness and does not reflect poorly on you as a parent.

OUR POLICY IS:

All campers are checked for head lice upon arrival at the Health Center on the first day of camp. Campers with head lice are not able to attend Camp Neveda. **Refunds can not be given.**

CHECK YOUR CHILD FOR HEAD LICE

Check your child for head lice *before* she/he comes to camp, especially if there has been an outbreak in their school system. It is advisable to check your child several weeks before camp because successful treatment can take several weeks.

Head lice themselves are not easily visible, but the nits (eggs) can be. Nits look much like spots of dandruff, but cannot be easily removed from the base of the hair they're attached to.

TREATING YOUR CHILD FOR HEAD LICE

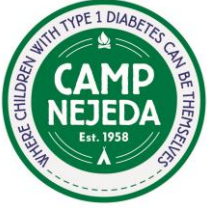
Treatment needs to be performed at least two times a few days apart. Once to kill the living lice and again a few days later to kill lice that may have hatched since the first treatment. In addition to treating your child, wash bedding and clothing in hot water and dry on high for at least 20 minutes to kill possible "hitchhikers."

Ask your pharmacist, school nurse or physician for a treatment recommendation. There are nontoxic treatments available for head lice.

PREVENTING THE FURTHER SPREAD OF HEAD LICE

To prevent the re-infestation or spread of head lice you also need to check the rest of your household and alert anyone else your child might have had close contact with.

Rev. 9/2023



PUMPS, PENS AND NON-DIABETES MEDICATIONS

INSULIN PUMPS We try not to change Infusion sites during Day Camp. Please bring TWO changeouts to camp on intake day. Bring reservoirs, infusion sets, IV prep, dressings, and EMLA cream if used. Also bring extra batteries, your inserter; and anything else you use. Each camper's pump supplies are collected and labeled during intake and safely stored with medical staff. Unused supplies will be returned when come to collect your camper at the end of the week. *Please remember to pick up those supplies with your child so we don't have to charge you \$10 to ship them.*

PLEASE DO NOT ARRIVE AT CAMP NEEDING TO CHANGE YOUR PUMP SITE. Please change BEFORE or AFTER the camp day. Thanks!

INSULIN PENS: IF your child uses a pen with REFILL cartridges, please bring the PEN with you. It will be labeled with the camper's name and returned at the end of camp.

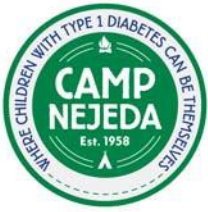
CONTINUOUS GLUCOSE MONITORS (CGMs): We try not to change CGM sensors during Day Camp. Please bring an extra sensor and any other supplies used for sensor changes (IV prep, skintac, dressings, etc.)

NON-DIABETES MEDICATIONS:

- **No medications, including over-the-counter items and vitamins, are permitted in the camper areas.**
- **For each medication (other than insulin) that your child takes, a separate *Administration of Medication* form must be filled out by both a parent/guardian and the prescribing doctor.**
- All medications must be brought to the health staff during Intake. They will be labeled and safely stored with them.
- All prescriptions must be **in their original bottle with a pharmacy label.** If the current dose does not match the dose on the label you must also bring a written note or prescription from the prescribing physician. Otherwise, we cannot accept/dispense it. (Please send a few extra pills for the session in case one is dropped.)
- All medications are dispensed by the medical staff.
- **Over-the-counter (OTC, non-prescription) medicines (including vitamins) will NOT be administered at camp unless you provide a signed request from the child's physician that we do so.** (See *Administration of Medication at Camp* form)
- If your child takes allergy or asthma medication, **PLEASE** remember to bring it to camp (with a doctor's order - See *Administration of Medication at Camp* form) even if he/she has not used it recently. Allergies may be triggered in the camp environment.

updated 2023

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Camper Internet and Technology Policy

Camp Neveda has been offering children and young adults living with diabetes fun activities since 1958. Camp Neveda Foundation's mission "is to enhance the lives of people with type 1 diabetes and their families through education, empowerment, camaraderie, supportive programs, and fun."

It has been our experience that electronic devices that allow a camper access to the internet or allow a camper to watch videos take away from Camp Neveda's ability to serve campers and, in some cases, prevent campers from having the positive experience that they deserve.

It is our decision and policy that campers should not have technology/devices that allow access to the internet, videos, and electronic games while at camp – this in addition to cell phones, which are already on the "do not pack" list sent to parents and campers (please refer to the CGM Policy for exceptions). We believe that this policy and practice will:

- ✓ Encourage our campers to socialize with one another
- ✓ Give campers a much-needed break from the world of technology
- ✓ Allow campers to fully embrace the connections they make with other campers
- ✓ Ensure that campers are not exposed to age-inappropriate material

Examples of technology/devices that should **NOT be brought to camp:**

- ✓ Laptop computers
- ✓ iPod Touches or iPods with video
- ✓ Handheld game devices
- ✓ Cell phones (see CGM and Cell Phone Policies for exceptions)
- ✓ Devices that access the internet (including smart watches)

Examples of technology/devices that are **ok to bring to camp** - as long as they remain in the cabin and are used with permission:

- ✓ iPods without video
- ✓ mp3 player devices (without video)
- ✓ Music players
(With headphones and without video)

Camp Neveda is not responsible for lost or stolen personal items. Therefore, it is recommended that valuables not be brought to camp. The permitted items listed above are simply that – permitted, not suggested.

We at Camp Neveda firmly believe that this policy will promote the beauty and experience of camp - and help to deepen the important relationships that are able to develop because of the simple fact that all of the campers have diabetes.

If you should have any questions, please do not hesitate to contact us at 973-383-2611 or information@campnejeda.org.

Day Camp

Important Dates

Today:

Upon registration, you completed the following Mandatory Forms:

Health History
Developmental History
Insulin Contract and Behavior Agreement
CGM & Cell Phone Policy
Medical Privacy (HIPAA)
Closed-Loop Insulin Pumps
Learning Opportunities for Day Campers

February 1st:

First Payment of Payment Plan (if you signed up when you registered)
If you did NOT sign up for a Payment Plan & now want to, please
email barbara@campnejeda.org or call the office at 973-383-2611

March 1st:

Upload or submit photocopy of child's immunization record(s) [no form enclosed]
-Records can be obtained from your child's doctor or school nurse

Early Spring:

Make an appointment with your child's licensed diabetes healthcare provider for within 3-weeks of when Day Camp starts so the Camp Intake and Day Camp Recommendation forms can be completed. **These forms are due within 10 business days BEFORE the session begins.**

Remember to download and print a copy of the Intake Form and Day Camp Recommendations Form and bring it with you to your child's diabetes care appointment

If your child takes medications (other than insulin), make appointments (if required) with your child's prescribing doctor(s) and have the doctor(s) fill out the Administration of Medication form(s). *PLEASE REMEMBER:* each medication goes on its own form.

This form is due May 1st

April 15th :

If you're applying for Financial Aid, be sure your application has been submitted online
AND all required documents have been uploaded/submitted

May 1st :

FINAL PAYMENT is DUE

FORM(S) DUE: Administration of Medications

Forms Due At Least 10 business days BEFORE Camp Session Starts:

Nejeda Day Camp Intake Form (must be completed by your endocrinologist within 3 weeks of Camp session) Day Camp Recommendations
Upload a copy Health Insurance and Prescription card(s)

Forms Due on Intake Day:

RiverWinds Release (for South Jersey campers only)

IMPORTANT NOTE:

If you are registering your child after due dates for forms and/or payments, please submit them within a week of registering your child. If you have questions, please call our office at 973-383-2611.