



REGISTRATION PACKET – DAY CAMP FORMS 2023

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REGISTRATION FORMS CHECKLIST 2023

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 at least 1-week BEFORE Camp Session Starts:

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

2023 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 | \$1,150 |
| <input type="checkbox"/> Session 2 – two weeks (12 nights) | 8-13 years old | Jul 9 to Jul 21 | \$2,250 |
| <input type="checkbox"/> Session 3 – two weeks (12 nights) | 13-16 years old | Jul 23 to Aug 4 | \$2,250 |
| <input type="checkbox"/> Session 4 – one week (5 nights) | 11-15 years old | Aug 6 to Aug 11 | \$1,150 |
| <input type="checkbox"/> Session 5 – one week (5 nights) | 7-15 years old | Aug 13 to Aug 18 | \$1,150 |

*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 2023.

| Day Camp Sessions: | Dates | Price per camper* |
|--|----------------------|-------------------|
| <input type="checkbox"/> South Jersey – Week 1 | Jul 10 to Jul 14 | \$425 |
| <input type="checkbox"/> South Jersey – Week 2 | Jul 17 to Jul 21 | \$425 |
| <input type="checkbox"/> South Jersey – Both Weeks | Jul 10-14; Jul 17-21 | \$800 |
| <input type="checkbox"/> Central Jersey | TBD | TBD |
| <input type="checkbox"/> Manhattan | TBD | TBD |

*Price includes \$50 registration fee (refundable until May 1 unless Camp Neveda cancels the program).
All Day Camps (except for Central Jersey) are ages 6-15. Central Jersey Day Camp is ages 6-17.

| Family Camp Sessions: | Dates | Price per family of 4** |
|--|--------------------------------------|-------------------------|
| <input type="checkbox"/> June Family Camp | Fri, Jun 23 – Sun, Jun 25 (2 nights) | \$975 |
| <input type="checkbox"/> August Family Camp | Sun, Aug 20 – Tue, Aug 22 (2 nights) | \$975 |
| <input type="checkbox"/> Campamento Familiar (Spanish Family Camp) | Jue, 24 agosto – Sáb, 26 agosto | \$975 |
| <input type="checkbox"/> Labor Day Family Camp | Thu, Aug 24 – Sat, Aug 26 (2 nights) | \$975 |

**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 9 to Jun 11 | \$250 |
| <input type="checkbox"/> Fall BFF Weekend | Sep 15 to Sep 17 | \$250 |

*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 _____

Return completed form to: CAMP NEVEDA, P.O. Box 156, Stillwater, NJ 07875-0156

Phone: (973) 383-2611 Fax: (973) 383-9891 www.campneveda.org

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 Nejeda, 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 2023 _____

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 Nejeda? _____

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

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 Nejeda 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 _____

Return completed form to: CAMP NEJEDA, P.O. Box 156, Stillwater, NJ 07875-0156

Phone: (973) 383-2611 Fax: (973) 383-9891 www.campnejeda.org

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 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.

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.)

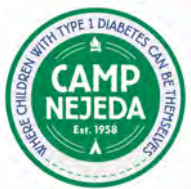
- ☐ I have enclosed a check / money order in the amount of \$_____ and will pay any balance owed before May 1, 2023.
- ☐ I am paying the entire balance now.
- ☐ I have enclosed the \$50 registration fee and would like to set up a payment plan. (Full payment is due by May 1, 2023.)
Number of payments (circle): 1 2 3 4 (Full payment is due by May 1, 2023)
Dates: 1 _____ 2 _____ 3 _____ 4 _____
- ☐ I will send my payments by check or money order payable to Camp Nejeda.
- ☐ 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 beginning January 16, 2023.)

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

Return completed form to: CAMP NEJEDA, P.O. Box 156, Stillwater, NJ 07875-0156

Phone: (973) 383-2611 Fax: (973) 383-9891 www.campnejeda.org

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



HEALTH HISTORY 2023 page 1 of 2

(For campers with diabetes - To be completed by Parents - Must be returned by May 1, 2023)

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

- | | |
|---|--|
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Asthma | |
| <input type="checkbox"/> Convulsions/Seizures most recent date: _____ | |
| <input type="checkbox"/> Bleeding/Clotting Disorders _____ | |
| <input type="checkbox"/> Incontinence (bedwetting, soiling) _____ | |
| <input type="checkbox"/> Environmental Allergies | <input type="checkbox"/> Food Allergy (need MD verification) _____ |
| <input type="checkbox"/> Insect Allergies | <input type="checkbox"/> Medication Allergy _____ |
| <input type="checkbox"/> Other _____ | |

Operations or serious injuries (include dates) _____

Has your child ever had a seizure with a low blood sugar? _____

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 Endocrinologist _____ 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 AND A COPY TO CAMP. AT INTAKE WE WILL KEEP THE COPY.

Name of Subscriber _____ Subscriber's Date of Birth _____

[COMPLETE AND SIGN PAGE TWO]

continued on next page

HEALTH HISTORY 2023 page 2 of 2

If on an insulin pump, please list brand/model: _____ Pump serial number: _____

If on an insulin pump, when did they begin using their pump, and has he/she had any problems with the pump? _____

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)? _____

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 level of activity does your child have? ☐ Active ☐ Moderate ☐ Sedentary If sedentary, how many hours/day are they sedentary? _____

List any dietary restrictions for your child (e.g. vegan, Kosher, no-salt, etc.): _____

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 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.

Date of last tetanus shot _____ (Very Important!)

If your child has received COVID vaccination please upload the document.

Suggestions for camp medical personnel _____

If this 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 Nejeda 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 _____

Printed Name _____

Relationship to Camper _____



DEVELOPMENTAL HISTORY 2023

Camper _____ Session _____
Last Name First Name

Does your child have a 504 or IEP at his/her school?

☐ 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 explain:

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:

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 2023

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 Neveda 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 use my camera in appropriate areas only and 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 – Day Camp 2023

(Please read, sign and return if applicable)

Camper _____ Birthdate _____ Session _____

Cell Phones

At Camp Nejeda 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.

1. Nejeda will not be responsible if the cell phone or CGM receiver is lost, stolen or damaged.
2. Before you come to camp, you must label the cell phone with the camper's name.
3. Upon arrival at camp, the parent must hand the phone to the nurse. Upon departure from camp, the nurse will hand the cell phone back to the parent.
4. During the camp session, the phone will be carried by the staff.
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 turned off and can also result in camper being sent home from camp.

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 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.
2. CGM readings will be used for dosing only on devices approved to do so by the FDA. If your child is using either a receiver or a phone for CGM monitoring, please label it with the camper's name before you get to camp.
3. Because camp is noisy, we recommend any receiver alarm to be set at its loudest. We recommend that the repeat alarm interval should be set at 30 minutes for a low glucose and 120 minutes for a high glucose. Please do this prior to arriving at camp.
4. If the CGM becomes dislodged at any time throughout the day, the camper will need to be able to self-manage the reinsertion process, or it will be left out for the remainder of the day.

CGM receiver make, model & serial number (if any): _____

Cell Phone make, model & color (if any): _____

I have read and understand the above Nejeda policy regarding Cell Phones and Continuous Glucose Monitors.

Parent's signature _____ Date _____

Camper's signature _____ Date _____

Revised 11/2022

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



MEDICAL PRIVACY POLICY AND DISCLAIMER (HIPAA FORM 2023)

(Return to Camp by May 1, 2023)

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 Nejeda 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 Nejeda makes an intense effort to maintain the confidentiality of any PHI that we think or you tell us is sensitive. 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 Nejeda 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 Nejeda 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 Nejeda 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 Nejeda. 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 Nejeda 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 Nejeda.

 Printed Name of Signer

 Relationship to Camper

 Authorized Signature

 Date



Closed-Loop Insulin Pumps Day Camp 2023

This policy and procedure is intended to assure the safety of children with closed-loop insulin pumps, at camp. While closed-loop pumps (CLP) are a major advance in technology that promotes the health of those with diabetes, their being used in “auto mode” at camp presents challenges.

1. All alarms must be changed to full volume – beep AND vibrate – by the parent/camper before arriving at camp each day.
2. Any and all alerts and alarms generated by the pump must be reported to a staff member by the camper. The staff member and/or medical staff will instruct the camper to “clear” any alerts and alarms; the camper may not “clear” any alerts or alarms independently. Any prompt from the pump for a correction bolus has to be reported to and handled by the medical staff. Campers are not allowed to self-administer insulin.
3. If the CLP is kicked into manual mode and cannot easily be returned to auto mode with a calibration or a correction bolus, then the pump will remain in manual mode until the end of that day.
4. A major benefit of the CLP is that it stops delivering insulin when glucose is low. When the pump’s auto mode shuts off and goes into manual mode, which can happen for a few different reasons, the “suspend before low” and “suspend on low” features are not automatically activated. The camper must notify the nursing staff when auto mode shuts off.
5. Some CLPs are not FDA approved. 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.
6. Medtronic Continuous Glucose Monitor that is part of the CLP system can be used by the camper to look at glucoses, but will not be used to determine insulin doses (manual mode) or hypoglycemia treatment.

Parent Signature _____ Date: _____

Revised 11/2022



LEARNING OPPORTUNITY FOR DAY CAMPERS 2023

(For campers without diabetes only - return to Camp by May 1, 2023)

Camper _____ Birthdate _____ Sex ____ Session ____
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 teaching 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 do not hesitate to contact Robin Greengrove, RN
(robin.greengrove@campnejeda.org), Health Center Director, by email or phone (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 2023

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

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: _____

CHECK INSULIN TYPES:

| | | |
|----------------------------------|-----------------------------------|---------------------|
| <input type="checkbox"/> HUMALOG | <input type="checkbox"/> LANTUS | TIME OF DAY _____ |
| <input type="checkbox"/> NOVOLOG | <input type="checkbox"/> LEVEMIR | TIME OF DAY _____ |
| <input type="checkbox"/> APIDRA | <input type="checkbox"/> BASAGLAR | TIME OF DAY _____ |
| <input type="checkbox"/> TRESIBA | <input type="checkbox"/> NPH | _____ UNITS @ _____ |
| <input type="checkbox"/> FIASP | | |

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: _____

CIRCLE INSULIN DELIVERY METHOD:

PUMP – BRAND: _____ SERIAL # _____

CGM – BRAND: _____

SYRINGE/PEN – NEEDLE SIZE: _____

INSULIN SLIDING SCALE TO CORRECT HIGH SUGARS:

| <u>BLOOD SUGAR RANGE</u> | <u>UNITS OF INSULIN</u> |
|--------------------------|-------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

PRIMARY CONTACT: _____

RELATIONSHIP TO CAMPER: _____

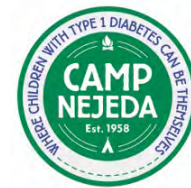
PHONE NUMBER: _____

PARENT/GUARDIAN SIGNATURE: _____

REVIEWED & UPDATED WITH PARENT ON FIRST DAY:

NURSE'S SIGNATURE: _____

DATE: _____





Administration of Medications at Camp Nejeda 2023

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 Nejeda 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, dose and frequency)

(Parent/Guardian Signature)

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 physician'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 _____

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

Guest _____

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 from 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 Nejeda is not responsible for items lost, destroyed, or left at the program site. Camp Nejeda 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 can NOT 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 - DAY CAMPS

Camp Neveda's Health Center staff is committed to (1) helping each camper have an enjoyable recreational experience in a safe and healthy setting and (2) increasing the camper's knowledge about diabetes management. We believe that good diabetes control is important and necessary 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.

INSULIN DOSES: The medical staff usually prescribes different insulin doses at camp than those used at home. Since we are reviewing every camper's blood glucose (BG) levels 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. No matter what, the Nurses and staff will provide real-time feedback to help the camper understand the causes and effects in diabetes management

SNACKS: Snacks at camp are chosen based on their carbohydrate and fat content and also the time of day the snack is given and planned camp activities. At times the campers will be offered snacks and food choices that may contain more carbs than what they are permitted at home.

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.

INTAKE: When you bring your child to camp on Intake day you will meet with the medical staff. This is an opportunity to discuss any concerns or questions you may have regarding your child's diabetes care at camp. When you come to retrieve your child the medical 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 Lice Policy form for details.)

SICK CALL: Should your camper have a non-emergency medical concern while at camp they can visit with a nurse at any time.

NOTIFICATION: An attempt to notify a camper's parent(s)/guardian(s) is made 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 the Emergency Room, serious hypoglycemia (involving a seizure, loss of consciousness), any condition requiring treatment with intravenous fluids or prescription medications.

Thank you,

The Medical Committee

updated 2019



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.



PUMPS, PENS AND NON-DIABETES MEDICATIONS

INSULIN PUMPS We try not to change Infusion sites during Day Camp. Please bring TWO 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. 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, skin-tac, dressings, etc.)

NON-DIABETES MEDICATIONS:

- No medications, including over-the-counter items and vitamins, are permitted in the camper areas.
- 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.
- If your child takes allergy or asthma medication, PLEASE remember to bring it to camp even if he/she has not used it recently. Allergies may be triggered in the camp environment.

updated 2019



Camper Internet and Technology Policy

Camp Nejeda has been offering children and young adults living with diabetes fun activities since 1958. The Camp Nejeda 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 Nejeda'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 and Cell Phone 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 Policy for exceptions)
- ✓ Devices that access the internet

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 Nejeda 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.

At Camp Nejeda, we firmly believe that this policy will promote the beauty and experience of camp. It will also 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.