

# REGISTRATION PACKET – DAY CAMP FORMS 2023

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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](http://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):

\_\_\_\_\_ DOB \_\_\_\_\_  \_\_\_\_\_ DOB \_\_\_\_\_  
 \_\_\_\_\_ DOB \_\_\_\_\_  \_\_\_\_\_ 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 \_\_\_\_\_

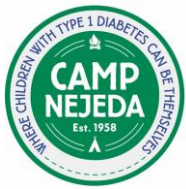
Our program staff will do all they can to grant **reciprocal** cabinmate/staff requests, but they are not guaranteed. (If BOTH camper families do not make the request then we may not be able to accommodate you.) Thank you for your understanding!

To inquire about the availability of an all-gender housing, please contact [victoria.benyo@campnejeda.org](mailto:victoria.benyo@campnejeda.org).

<b>PAYMENT INFORMATION:</b> (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 <b>before May 1, 2024.</b>
<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 <b>by May 1, 2024.</b> ) Number of payments (circle): 1 2 3 4 (Full payment is due <b>by May 1, 2024</b> ) 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 <b>must be submitted by April 15, 2024.</b> )
<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](http://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 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 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.

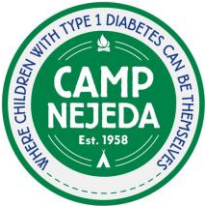
Parent's signature \_\_\_\_\_

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.

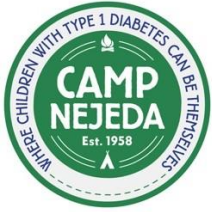
\_\_\_\_\_  
Printed Name of Signer

\_\_\_\_\_  
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](mailto: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](mailto: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: \_\_\_\_\_

INSULIN SLIDING SCALE TO CORRECT HIGH SUGARS:

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: \_\_\_\_\_

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 Nejeda'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

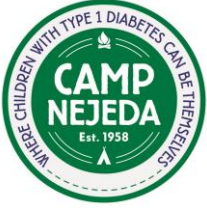
Treatment needs to be performed at least two times a few days apart. Once to kill the living lice and again a few days later to kill lice that may have hatched since the first treatment. In addition to treating your child, wash bedding and clothing in hot water and dry on high for at least 20 minutes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

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



# 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](mailto: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 1<sup>st</sup>:

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](mailto:barbara@campnejeda.org) or call the office at 973-383-2611

### March 1<sup>st</sup>:

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 1<sup>st</sup>**

### April 15<sup>th</sup> :

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

### May 1<sup>st</sup> :

**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.*