



Parents and child attending camp MUST initial each section that they grant their consent.

Date completed: ____/____/____

Camper name: _____

Consent	Parent/Child Initials
<p>Medical Management: I consent to having my child follow Diabetes Youth Services method of diabetes treatment as outlined in the “Diabetes Youth Services Summer Big Shots Resident Camp Camper Information Manual” and to use approved supplies while at camp. I further agree that at DYS Big Shots Resident Camp, insulin must be administered--whether by injection or pump--under the direct supervision of a qualified medical staff member any time insulin is given.</p>	
<p>Attendance: I permit my son/daughter to attend Camp Libbey and participate in all phase of the activities, both on and off camp property. I have read and understand all information that has been provided to me. I understand that my son/daughter may be participating in high-risk activities, but will be under DYS Camp Staff supervision at all times.</p>	
<p>Early Departure Notice: If your child must leave camp before the Friday pick up time, please notify DYS staff in writing as soon as possible. You will be able to pick up your child at the Administration Building where you dropped him or her off. Once a camper leaves Camp Libbey they may not return until the following year.</p>	
<p>Authorized Driver: If for some reason I am not able to take my child home from camp, I give my permission for my son/daughter to be taken home by:</p> <p>Name _____</p> <p>Relationship _____</p> <p><u>or</u></p> <p>Name _____</p> <p>Relationship _____</p>	
<p>Mailing Database and Camp Directory: I give my permission for Diabetes Youth Services to add/update my child’s and my information in the DYS general mailing database. I also permit my camper’s name and contact information to be listed in a Diabetes Youth Services Camp Directory that will be provided to all DYS Summer Campers so they can keep in touch and help support one another all year.</p>	

Parent’s primary email address: _____

Camper’s email address: _____



EMERGENCY CONSENT

1. This authorization concerns our child _____ who is a minor.
2. I appoint DYS Camp Director, to be my agent for consenting to emergency medical care and treatment of our child in our absence. If we are unavailable or cannot be located, our agent may consent to any medical examination, x-ray or other diagnostic procedure, anesthetic, medical or surgical procedure or treatment, or hospital care of our child that is recommended by a physician. I authorize any physician who has treated my child or any hospital in which our child has been admitted to surrender physical custody of our child to our agent.
3. This authorization makes our agent a “person who has legal authority to consent to medical treatment or hospital care on behalf of” our child under Ohio Revised Code Section 2317.54 (C).
4. I am giving this authorization before any specific diagnosis, treatment, or hospital care of our child is required. I intend this authorization to help make available to our child medical care and treatment that may be required in the future.
5. My authorization shall remain effective for Camp Dates: _____, unless the physician or hospital acting under this authorization has been notified in writing that my authorization has been revoked.
6. I authorize Diabetes Youth Services to release or receive all medical records for the above named camper, including but not limited to those records pertaining to substance abuse and emotional or mental health.

Parent/Guardian Signature

Date Signed



LIFE SKILLS CLASSES CONSENT

In age appropriate and in gender segregated groups, the DYS medical and counseling staff will review the following:

- The impact of puberty on diabetes management and diabetes control
- The effects of alcohol, drugs, and tobacco on diabetes control
- Peer pressure, social networking, and making healthy choices
- The importance of self-respect and respecting others
- Age-appropriate information about sexually transmitted diseases and contraception with an emphasis on abstinence
- The effects of pregnancy on women with diabetes

If you give permission for your camper to participate in this presentation, please indicate by initialing below:

Parent/Guardian initials

Camper initials

Date

If you have questions about these classes, please contact the Camp Director at 419.887.8741.



GENERAL WAIVER AND PHOTO RELEASE

In consideration of Diabetes Youth Services permitting me/my child to participate at Diabetes Youth Services Summer Camp, and acknowledging that physical activities while at camp has inherent risks, on behalf of my heirs, executors, administrators and assigns, I, for myself and/or on behalf of my child, hereby waive, discharge and release any and all rights and claims for damages which my child and/or I may have against Diabetes Youth Services, Camp Libbey or any other facility and their management, as well as any other person connected with Diabetes Youth Services Camps, their heirs, executors, administrators and assigns, for any and all injuries which I/my child may suffer while taking part in Diabetes Youth Services Camps or as a result thereof.

I hereby give Diabetes Youth Services, their legal representatives or assigns, and those acting under their permission and upon their authority, or those for whom Diabetes Youth Services is acting, permission to use my/my child's picture, and if desired, my/my child's name in advertising and in all forms of publicity, without limit as to time. I, for myself and/or on behalf of my child, further release Diabetes Youth Services from my liability for what my child and/or I might deem misrepresentation of me by virtue of alterations, optical illusions or faulty mechanical reproductions in such advertising and/or publicity.

Hometown/Local Paper: _____
(Please do not list The Blade)

By signing below, I confirm that my child and I have read the above, understand and have initialed our approval where appropriate.

Signature of Parent/Guardian **Date**

Signature of Camper **Date**



DYS CAMP PUMP POLICY

As more and more campers are using insulin pumps to better manage their diabetes, it has become incumbent upon diabetes camps nationwide to develop clear policies regarding pump handling, maintenance and use while participating in summer camps.

We strongly encourage you to insure your child's pump by securing a "loss policy" as an *addition* to your homeowner's or renters insurance. Homeowner's or renters insurance covers the pump only in very extreme circumstances. A specific loss policy will cover pump replacement if it is lost or damaged, at home or at camp. The costs of these policies vary; please contact your insurance agent for more information. If you have insurance for your child's pump, please copy the declarations page and attach to this document.

Diabetes Youth Services is not responsible for any damage to and will not replace your child's pump. If damage occurs to your child's pump while participating in camp, your family will bear the cost of replacement.

DYS will label each child's pump and acknowledge receipt with signatures at check in, and store it in clearly labeled containers while not in use. DYS Camp Staff will be checking each camper before and after activities that require removing the pump, and also at camp check out to make sure they are wearing their pumps and they are working correctly. Campers and parents will confirm receipt of their child's pump at camp's end with signatures.

PUMP LIABILITY WAIVER

In consideration of Diabetes Youth Services permitting my child, who continuously wears an insulin pump to manage his/her diabetes, to participate in Diabetes Youth Services Summer Camp, and acknowledging that wearing the pump while at camp has inherent risks, on behalf of my heirs, executors, administrators and assigns, I hereby waive, discharge and release all rights and claims for damages which I may have against Diabetes Youth Services, the owners and managers of facilities utilized by Diabetes Youth Services and their personnel as well as any person connected with Diabetes Youth Services Camps, their heirs, executors, administrators and assigns for any damage to my child's insulin pump while taking part in Diabetes Youth Services Camps or as a result thereof.

My signature below signifies that I have read and agree to abide by the DYS Pump Policy and Pump Liability Waiver.

Signature of Parent or Guardian

Date

Witness to Signature

Date



PARENT & CAMPER AGREEMENT ON CAMP RULES

My child and I have read and understand all information concerning Diabetes Youth Services Camps provided to me, and my camper and I agree to all terms and rules for camp behavior. As a camper:

- I will not leave the property for any reason during the camping session.
- I will not intentionally injure or endanger myself or any other person either physically or emotionally. This includes keeping my blood sugar extremely high or low on purpose.
- I will not destroy or endanger the environment, camp property, or personal property of others. If I do, my family will be liable for damages caused.
- I understand that camp staff has the right to search my belongings if there is reasonable suspicion that I have materials not allowed in camp.
- I will not use foul or abusive language, smoke, or use drugs, alcohol, or weapons.
- I will not engage in any sexual conduct at camp.
- I will not have in my possession during camp any of the items listed on the “What Not to Bring” list such as cell phones, hand-held electronic games, iPods, hair dryer or other electric devices, mouthwash, syringes, etc.
- If I do not follow these rules, I:
 1. Will be promptly dismissed from camp.
 2. Must have parent/guardian pick me up from camp.
 3. Will not be refunded camp fees.
 4. Risk losing the privilege of returning to camp in the future.
- I understand that if I am with someone who is breaking any of the above rules, I will also be dismissed from camp.
- I will report inappropriate behavior by other campers to camp staff.

I have read and understand the rules and will help enforce them. In addition, I have read and explained the camp rules to my child and believe that he or she understands them. I agree to pick-up my child from camp if he or she breaks this contract.

Signature of Parent or Guardian

Date

Signature of Camper

Date