

Camper Name _____ Age _____

Consent Forms - LS Day Camp (Year: _____)

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

Parent / Child

Medical Management

I agree to have my child follow Diabetes Youth Services method of diabetes treatment as outlined in the "Diabetes Youth Services Little Shots Day Camp Guidelines for Parents" and use approved supplies while at camp. I further agree that at DYS Little Shots Day Camp, insulin whether by injection or pump must be administered under the direct supervision of a qualified staff member any time insulin is given.

_____/____

Attendance

I permit my son/daughter to attend Diabetes Youth Services Little Shots Day Camp and participate in all phases 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 adult supervision at all times.

_____/____

Early Departure Notice

To be used only in case of a doctor's appointment, sports tournament or other activity requiring your son/daughter to be picked up from Little Shots Day Camp during the week that he/she is attending camp, although this is discouraged.

Event camper is attending _____

Date to be picked up _____ Time _____

_____/____

Designated 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:

Name _____ Relationship _____

Name _____ Relationship _____

_____/____

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.

Parent's E-mail Address: _____

Camper's E-mail Address: _____

_____/____

Emergency Consent

1. This authorization concerns our child, _____ who is a minor.
2. I appoint the 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 our 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.

_____/____

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 DYS 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. Costs of these policies vary so check with your insurance company for rates. If you have insurance for your child’s pump, please copy the declarations page and attach it to this document.

Diabetes Youth Services cannot be held responsible to replace your child’s pump unless our camp staff are willfully and grossly negligent; therefore 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. 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, 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 while taking part in Diabetes Youth Services Camps or as a result thereof.

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

_____/____/____

Parent/Guardian Signature

_____/____/____

Witness to Signature

General Waiver and Photo Release

In consideration of Diabetes Youth Services permitting me 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 hereby waive, discharge and release any and all rights and claims for damages which 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 Camp Hot Shots, their heirs, executors, administrators and assigns, for any and all injuries which I may suffer while taking part in Diabetes Youth Services Camp Hot Shots 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 picture, and if desired, my name in advertising and in all forms of publicity, without limit as to time. I further release Diabetes Youth Services from my liability for what 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 each section and have initialed our ap] _____ / _____ where appropriate.

Parent/Guardian’s Signature _____ Date ____/____/____

Camper’s Signature _____ Date ____/____/____

FAMILY PICNIC

Thursday, July 29th, 5:30 PM - 7:30 PM

___ YES! We plan to attend!

___ NO, we will not be able to attend

Name/Relationship of those attending:

Child or Adult

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____