



This document is a *PREVIEW* of Camp Hendon’s Camper Forms & Policies for 2023. This content is subject to change and is provided here to provide more upfront information to our current and future camp families and volunteers.

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## Camper Agreements and Waivers 2023

### CONDUCT WAIVER

*Please read with your child and you must both sign below*

- I will stay on the property during the camping session. I will not wander off or run away from my group.
- 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 work together with my counselors and my licensed den staff to keep my blood sugars in good control during camp. I will not give myself insulin without permission from my licensed den staff at camp.
- I will respect the environment, camp, property of camp and personal property of others. If I do not, my family will be liable for damages caused.
- I will not use foul or abusive language.
- I will demonstrate respect for staff and fellow campers at all times.
- I will not engage in teasing, harassment or ethnic/racial/religious/political slander of any person or group.
- I will not engage in bullying of any form, and I understand that bullying may result in my dismissal from camp.
- I will not engage in any sexual contact.
- I will not use tobacco products, drugs, alcohol, or weapons.
- If I am with someone who is breaking one of the above rules, I can also be dismissed. If I do not follow these rules, I can be promptly dismissed from camp. I must have my parent/guardian come to camp to pick me up. My family will forfeit all camp fees and I will risk losing the privilege of returning to camp in the future.
- 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/she understands them. I agree that my child will receive a verbal warning first, and if the behavior is repeated, he or she will receive disciplinary action. I agree to pick my child up from camp if he/she breaks this contract.

*I hereby agree to the content of the waiver as stated above*

Parent Signature: \_\_\_\_\_

Child Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PHOTO RELEASE

*Please read and sign below*

I grant permission to the Kentucky Diabetes Camp for Children, Inc. dba Camp Hendon, its agents, and its employees the irrevocable and unrestricted right to produce photographs and video taken of my child, myself, and members of my family while at Camp Hendon for any lawful purpose including publication, promotion, illustration, advertising, trade, or historical archive in any manner or in any medium by Camp Hendon. I hereby release Camp Hendon and its legal representatives from liability for any violation or claims relating to said images or video.

Furthermore, I grant permission to use the statements of my child, myself, or my family members given during an interview or evaluation with or without my name for the purpose of advertising and publicity without restriction to time limit or geographic area. I waive my right, my child's rights, and my family's rights to any and all compensation stemming from the use of these materials.

## CONSENT TO TREAT

*I hereby apply for admission of my child to the Kentucky Diabetes Camp for Children, Inc. dba Camp Hendon. Herein after referred to as "The Camp".*

- I consent to my child receiving any and all medical care, treatment and testing that the camp's health care provider in charge determines is medically necessary, in his or her sole discretion (including without limitation diet, insulin dosage and/or type2 oral medication and daily blood glucose monitoring).
- I consent to my child receiving any other medically necessary medical care, treatment, and testing that the camp diabetes care provider in charge may cause to have performed by a licensed health care provider, emergency medical personnel at any facility, clinic or hospital while my child is a camp participant, including without limitation tuberculin test and x-ray if the test is positive, and blood testing for Hepatitis B and/or HIV antibodies, in the event of an accidental finger prick where there may be possibly contaminated material (such as a syringe needle or lancet).
- I further consent to the release of any and all test results to the Public Health Authorities, if such release is required by any law, statute, or regulation.
- I freely give permission to my child's health care providers (including without limitation physicians, physician's assistants, clinical nurse practitioners, R.N.s, R.D.s, certified diabetes educators, therapists, psychologists, etc.) to release any and all information pertaining to my child to "**The Camp**", and any third party health care providers or institutions "**The Camp**" deem medically necessary to treat my child during the camp session.
- This consent expires at the end of the camp session or the last day any necessary paperwork arising from the treatment of my child is complete, whichever date is later, and may be revoked at anytime by giving written notice to "**The Camp**".
- I acknowledge that I have the right to refuse to sign this authorization and that my child's treatment will not be affected.
- I understand that while "**The Camp**" may supply insulin, syringes, monitoring supplies and routine first aid care required at camp, I shall be primarily responsible for the cost of all other medical treatment of my child, including but not limited to laboratory test, x-rays, and emergency treatment at a hospital or clinic.
- In order to assist in the prompt treatment of my child, I hereby consent to any necessary medical or surgical treatment and testing of my child of an emergency nature. Below my signature, I have listed

the policy number for any applicable policies of hospitalization insurance that I carry on this child (including Medical Assistance).

- I authorize the appropriate representative of "The Camp" to release the information concerning my hospitalization insurance to any provider of medical or surgical services to my child.
- In consideration of "The Camp" allowing my child to attend its summer camp, I hereby knowingly waive and release "The Camp", its agents, employees, assigns, volunteers, directors, officers and medical staff, from any and all liability or claim arising out of and in connection with my child's participation in camp for any reason.

*I have read, and fully understand and I knowingly agree to the terms of this Consent*

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ASSUMPTION OF RISK: PERMISSION TO PARTICIPATE**

I understand that part of the camping experience involves activities and group interactions that may be new to my child, and that they come with uncertainties beyond what my child may be used to dealing with at home. These include uneven terrain, extreme weather, standing and moving water, communicable diseases, forested and other areas that may result in wildlife encounters including reptiles and insects that could result in infections and various insect-transmitted diseases, activities such as field and court sports that may result in falls, collisions or being struck by wayward objects, high and low elements courses, rock wall climbing, hiking, swimming, waterfront, as well as other activities. I am aware of these risks and I am acknowledging them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the camp's rules, and my child and I both agree that they are familiar with these rules and will obey.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ASSUMPTION OF RISK: COMMUNICABLE DISEASE**

Camp Hendon will make our best effort to keep your child safe from communicable diseases, including the COVID-19 virus. While we wish that we could control every possible risk, we want to make clear that even if we follow all CDC and local guidelines, we cannot promise or guarantee that this or any other pathogen will not enter camp. The very nature of the personal interaction that takes place in the camp environment exposes your child to the risk of becoming ill with this or any other communicable disease. We want you to be fully aware of this risk in making the decision to send your child to camp this summer, and that you are willing to assume and accept it on your child's behalf. We strongly advise that upon your child's return they not be exposed to anyone defined as vulnerable or at-risk by federal or state health officials unless they have tested negative or been symptom free for fourteen days or whatever timeframe is recommended by your health care provider.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PUMP/CGM WAIVER**

I understand that Camp Hendon is not responsible for any loss or damage to my child's medical devices that are used at camp.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## 2023 Cancellation, Refund, & Waitlist Policy

Camp Hendon's Cancellation, Refund, & Waitlist Policy is intended to assist families in decision-making, while also acknowledging the organization's ongoing financial obligations as a charitable 501(c)3 nonprofit. Our ability to offer full and partial refunds is very dependent on the timing of the cancellation, as well as expenses already incurred in preparation for the program. This policy stands for 2023, but may be revised in the future.

### CANCELLATIONS & REFUNDS:

All applications require a \$25 application deposit. **This deposit is non-refundable regardless of the cause or nature of cancellation.** However, the last two years have taught us to expect the unexpected, and so we want to offer some flexibility to families.

In the event that Camp Hendon must cancel summer camp 30+ days before the start of the session you may choose from one of the following options\*:

- Full refund of your camp fee
- Transfer fees paid to a future program
- Donate all or a portion of fees paid to Camp Hendon. You will receive a tax receipt for your donation.

In the event that Camp Hendon must cancel summer camp less than 30 days before the start of the session, you may choose from one of the following options\*:

- 75% refund of your camp fee
- Transfer 75% of fees paid to a future program; the remaining 25% is not refundable or transferable
- Donate 75% of fees paid to Camp Hendon. You will receive a tax receipt for your donation. The remaining 25% is not refundable, transferrable, or eligible as a tax-deductible donation.

In the event that you must cancel your child's registration for any reason:

- Cancellations 30+ days before the start of the camp session will be entitled to a full refund of fees paid\*
- Cancellations 21+ days before the start of the camp session will be entitled to a 50% refund of fees paid\*
- Cancellations less than 21 days before the start of the camp session will forfeit any refund.

*\*All options are less the \$25 application deposit; this is nonrefundable/transferrable unless otherwise noted*

**DISMISSAL FROM CAMP:**

If your child is dismissed from camp for any reason or at any time, whether initiated by Camp Hendon or the camper's family, camp fees are nonrefundable. Reasons for dismissal may include, but are not limited to, illness, emergency situations, homesickness, or disruptive behavior.

**WAITLISTS:**

Campers will be admitted on a first-completion basis with regard to submitting all required application materials. A complete application will determine admittance to camp. When enrollment capacity is reached, a waitlist will generate. Families can elect to be placed on the waitlist for just one or for both summer sessions. As cancellations occur or openings become available, campers from the waitlist will be automatically enrolled based on capacity. Families will be notified via email about any changes in registration status. It is the family's responsibility to notify Camp Hendon if they would like to be removed from the waitlist.

In the event that your child is waitlisted and we are unable to admit them due to capacity limitations, you may choose from one of the following options\*:

- Full refund of your camp fee, less the \$25 deposit
- Transfer fees paid to a future program, including the \$25 deposit
- Donate all or a portion of fees paid to Camp Hendon. You will receive a tax receipt for your donation. The \$25 deposit will not be eligible as a tax-deductible donation.
- Your \$25 application deposit, although nonrefundable, may be applied to next summer's application deposit or any other program in the coming year.

**PAYMENT SCHEDULE**

- \$25 nonrefundable deposit due at time of registration
- Two months from the session start date, 50% of balance due
- One month from the session start date, 100% of balance due
  - If any unpaid balance remains on your account one month from the session start date, your credit card on file will be automatically processed for the balance due



## Camp Hendon Campership Eligibility Policy

The purpose of the Camp Hendon Campership Eligibility Policy is to state our eligibility guidelines for awarding financial assistance to youth with Type 1 Diabetes (T1D) who otherwise could not attend specialized T1D camps because of financial hardship. Camp Hendon also awards Camperships under special circumstances to Newly Diagnosed campers. Camp Hendon will make every effort to provide campership funds to those families who are most in need and to proactively reach out to families for whom camp might be new and unfamiliar.

### I. Primary Criteria

#### 1. Full Camperships

- a. Full Camperships, based on family income for the immediate prior year, will be granted for income no more than 150% of the Federal Poverty Line for their family size<sup>1</sup>. Proof of income, or other proxy documents, must be provided.
- b. Full Camperships will be provided to families who can provide proof of Medicaid/Medicare eligibility.
- c. Full Camperships will be provided to families who can provide proof of eligibility for Free School Breakfast & Lunch programs<sup>2</sup>.

#### 2. Partial Camperships

- a. Partial Camperships, based on family income for the immediate prior year, will be granted for income no more than 250% of the Federal Poverty Line for their family size. Proof of income, or other proxy documents, must be provided.
- b. If income is over 150% of the Federal Poverty Line for their family size, Partial Camperships will be provided to families who can provide proof of eligibility for Reduced Fee School Breakfast & Lunch programs<sup>3</sup>.

### II. Secondary Criteria: Extenuating Financial Circumstances

#### 1. Secondary Criteria

Secondary criteria for extenuating financial circumstances may be considered in certain cases. Secondary criteria will be used in a minority of cases. Should a family not be eligible for assistance under our **Primary Criteria**, they will be notified by phone or email that they may apply to be considered for assistance under our **Secondary Criteria**. Camp Hendon will require a letter be written to explain their extenuating circumstances. A committee of three people, defined as the Executive Director, Operations Manager, and one member of the Volunteer Camp Leadership Team, will evaluate the letter for consideration and to make a final determination.

Some examples of extenuating financial circumstances that may be considered are:

- Recent reduction in family income due to loss of employment
- Multiple children with T1D and/or documented high out-of-pocket medical expenses
- Recommendations from a physician, social worker, therapist, etc.



Persons in family/household	Poverty guideline
1	\$13,590
2	\$18,310
3	\$23,030
4	\$27,750
5	\$32,470
6	\$37,190
7	\$41,910
8	\$46,630
<b>For families/households with more than 8 persons, add \$4,720 for each additional person.</b>	

<sup>1</sup> This table outlines the 2022 Federal Poverty Guidelines.

Source: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

<sup>2</sup> A child whose family income is at or below 130% of the poverty level can receive free meals.

(<https://www.benefits.gov/benefit/1968>)

<sup>3</sup> A child whose family income is between 130 and 185% of the poverty level can receive reduced-cost meals.

<https://www.benefits.gov/benefit/1968>)

### III. **New Diagnosis**

Campers who have been diagnosed with Type 1 Diabetes during the year prior to the summer camp session will be eligible for a full campership. The specific cutoff date will be noted in the application for financial assistance, and may change on a yearly basis.



# Diabetes Health Evaluation Form

To be completed by camper's Endocrinologist/NP

Physician/NP: Your cooperation in providing this information about the applicant for Camp Hendon's program is greatly appreciated. Your patient will not be accepted to camp without this completed form.

Camper's Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ DOB: \_\_\_\_\_

Date of health exam: \_\_\_/\_\_\_/\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ A1C: \_\_\_\_\_

Current Insulin Prescribed: Novolog Humalog Apidra Basaglar Fiasp Lantus Levemir Tresiba Admelog NPH Regular

Method of delivery: Syringe Pen Pump If pump, what brand \_\_\_\_\_

If camper is on a CGM what brand \_\_\_\_\_

## MULTIPLE DAILY INJECTION (MDI) -or- INSULIN PUMP REGIMEN:

MDI/Basal Insulin Dose: \_\_\_\_\_

Insulin to Carbohydrate ratios for meals and snacks:

Breakfast: 1 unit: _____ grams of Carb	AM Snack: 1 unit: _____ grams of Carb
Lunch: 1 unit: _____ grams of Carb	PM Snack: 1 unit: _____ grams of Carb
Dinner: 1 unit: _____ grams of Carb	Bedtime Snack: 1 unit: _____ grams of Carb

ISF/Correction Dose: 1 unit lowers blood glucose \_\_\_\_\_ mg/dl Target blood glucose: \_\_\_\_\_ mg/dl

Does camper operate their own pump/MDI regimen? \_\_\_\_\_ Yes, with help or supervision from parent(s)  
\_\_\_\_\_ Yes, camper is independent and can manage on own  
\_\_\_\_\_ No, camper depends on parents/family members

Have any complications from diabetes or any disabilities been detected? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Has the child or family been in counseling over the past year? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has the family been referred for counseling? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is the nature of the problem? \_\_\_\_\_  
\_\_\_\_\_

Additional medications prescribed: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician/Nurse Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Immunization Policy

*Revised 12/12/2022*

*As Camp Hendon continues to plan for the health and safety of our camp community in 2023 and beyond, protocols may be adjusted as circumstances change. Families will be notified of any changes in protocols.*

**Policy:** Camp Hendon strongly recommends all attendees to any program or event be up-to-date on all age-appropriate vaccines, including COVID-19 and the Flu. Any Camp Hendon program which requires a completed Health Information Form will also require immunization of all attendees against vaccine-preventable diseases as included in the Schedule of Required Immunizations by Age on page 3. This policy has been established and affirmed by the Camp Hendon Medical Advisory Committee and Board of Directors.

**Exceptions:** We recognize that individuals who have had a documented allergy, severe adverse reaction, or other medical contraindications to a particular vaccine will not be able to receive further doses of that individual vaccine. In these instances, a physician documenting the specific problem and exempting the individual from further doses of that specific vaccine must be furnished to Camp Hendon. The Medical Advisory Committee will review each request for Medical Exemption on a case-by-case basis and in accordance with the CDC's Contraindications and Precautions Guidelines.

With respect to the above described bona fide medical exemptions, a camper who attends Camp Hendon without immunizations may be dismissed from camp in the event of an outbreak of a disease that the camper is not immunized for. In this case, a refund of camp fees will not be given. This both protects the camper who isn't immunized and any other participant of Camp Hendon's program who may be at risk.

Please note, that in the case of an approved Medical Exemption, additional health and safety requirements for those who are not vaccinated (e.g. quarantining if a close contact, mask wearing, testing, and others) will be put in place at the discretion of the Medical Advisory Committee.

At this time, for the health and safety of our campers, families, staff, and volunteers, religious and philosophical exemption requests will not be accepted. This policy will be reviewed periodically.

**Eligibility:** Starting in 2022 and beyond, this policy will be strictly enforced for all participants to any Camp Hendon program requiring a completed Health Information Form. Campers and volunteers without proper immunization records will not be permitted to attend these programs. There are a number of Camp Hendon programs and events that do not require a completed Health Information Form, and therefore do not require immunization. Some of these programs are hosted in partnership

with other organizations, or take place in facilities open to the general public at the time of the event. If immunizations are required for a particular program, this will be clearly communicated during registration.

**Background:** While parents may choose to defer the vaccination of their children, for Camp Hendon this is not an issue of individual rights and choice, but an issue of public health and safety. The routine vaccination of all campers and staff is an important public health matter, especially in the confined environment of a residential summer camp with round-the-clock communal living where illnesses spread much more easily.

Parents send their children to Camp Hendon to have fun, experience the camaraderie of others who understand their journey with Type 1 Diabetes, and to learn from our dedicated team of medical professionals. Camp Hendon is a community dedicated to the wellbeing of youth with Type 1 Diabetes and their families. We do our utmost to be responsible caregivers to the campers in our care, and safety and public health are priorities for Camp Hendon. Each year, the American Academy of Pediatrics publishes a “Recommended Childhood and Adolescent Immunization Schedule.” Pediatricians across North America consider this the standard of care. In addition, the Centers for Disease Control (CDC) has established vaccine standards for both children and adults. The vaccination of all members of a community creates conditions that protect everyone in it, but especially young children, babies, the elderly, pregnant women, those with pre-existing conditions, and those who cannot be immunized from harmful and life-threatening diseases.

Given that Camp Hendon serves a precious population, whose risk of health complications from a communicable disease is often greater, Camp Hendon requires that all campers and staff be immunized as outlined below if in attendance to a program that requires a completed Health Information Form. We are professionals dedicated to taking care of kids, and this policy is the best choice for our community.

Please check your child’s vaccination record to ensure that all of their vaccinations are up-to-date and accurately recorded in your camper’s CampBrain account. In addition, please consult with your child’s healthcare provider regarding scheduling of any missing vaccines.

This policy will be enforced in accordance with all applicable local, state, and federal laws. In no way should this policy be interpreted to violate the laws of the Commonwealth of Kentucky or regulations affecting licensed Residential Child Camps within the state.

#### **Assumption of Risk: Communicable Disease**

While we wish that we could control every possible risk, and while we will use our best efforts to keep attendees safe from communicable diseases, including the COVID 19 virus, we want to make clear that even if we follow all CDC and local guidelines we cannot promise or guarantee that this or any other pathogen will not enter camp, and that by the very nature of the personal interaction that takes place in the camp environment, there is always a risk of attendees becoming ill with this or any other communicable disease. We want everyone to be fully aware of this risk in making the decision to attend camp, and that parents/guardians are willing to assume and accept it on their child’s behalf. We strongly advise that upon camp attendees’ return they not be exposed to anyone defined as vulnerable or at-risk by federal and state health officials unless they have tested negative or been symptom free for fourteen days or whatever timeframe is recommended by your health care provider.

<b>Schedule of Required Immunizations by Age</b>	
<b>Required For children ages 5-6<sup>1</sup></b> <a href="https://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf">https://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf</a>	<b>For children 7 and older<sup>1</sup> + volunteer staff (includes completion of the ages 5-6 series)</b> <a href="https://www.cdc.gov/vaccines/schedules/downloads/teen/parent-version-schedule-7-18yrs.pdf">https://www.cdc.gov/vaccines/schedules/downloads/teen/parent-version-schedule-7-18yrs.pdf</a>
<b>Haemophilus influenzae type b (Hib):</b> 3 or 4 doses depending on vaccine series	<b>Meningococcal conjugate (MenACWY):</b> 1 dose between ages 11-12, booster dose at age 16
<b>DTaP/DT (Diphtheria, Pertussis, Tetanus):</b> 5 doses	<b>Tdap (Pertussis, Diphtheria, Tetanus):</b> 1 dose between ages 11–12, booster every 10 years
<b>Hepatitis A:</b> 2 or 3 doses depending on vaccine series	<sup>1</sup> Source: <i>Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2021;</i> <a href="https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html">https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html</a>
<b>Hepatitis B:</b> 3 doses	
<b>IPV (Polio):</b> 3 or 4 doses depending on vaccine series	
<b>MMR (Measles-Mumps-Rubella):</b> 2 doses	
<b>Pneumococcal conjugate (PCV13):</b> 4 doses	
<b>Rotavirus (RV):</b> 2 or 3 doses depending on vaccine series	
<b>Varicella (Chicken Pox):</b> 2 doses	

**\*\*Annual vaccination against the flu and completed COVID-19 immunization series is STRONGLY RECOMMENDED for all program attendees.\*\***