



Independent Camper Directed Diabetes Management Form

To be filled out and approved by the camper's Endocrinologist or Primary Care Provider, MD, NP or PA.

Dear Diabetes Team:

Your cooperation in supporting the following information about an applicant for Forest Home Camps will be greatly appreciated. **The camper will not be allowed independent care at camp without your approval on this form.**

Name of applicant _____ Gender: (circle one) M F

Date of birth ____/____ Date of most recent diabetic exam: _____

I have reviewed this camper's diabetic medical management plan and certify that this camper is knowledgeable and competent to manage their own care while unaccompanied by a parent or guardian at camp for the following camp dates: _____

I have no concerns regarding this camper's ability to manage their disease process while at camp.

I am confident that the camper is able to manage their highs/Lows, carb counting and insulin delivery appropriately with out supervision, and that they also have a good understanding of how to manage their emergency care should a situation arise.

I recognize that the camper will be more active at this camp than in school and represent that this plan accounts for applicable varying activity levels.

I certify that the information above is correct to the best of my knowledge and agree to answer questions and provide management guidance to the Camp should the need arise.

Primary Care Physician, PA, NP or Endocrinologist's Name (typed or printed)

Address: _____

Phone: () _____

Primary Care Physician, PA, NP or Endocrinologist

Signature: _____ **Date** _____



**Parental Acknowledgement and Waiver – To be Attached with the
Independent Camper Directed Diabetes Management Form**

I have read my child’s Diabetes Medical Management Plan, provided by our doctor and certify that it provides an easy to understand, complete regime of diabetic care for my child’s safety at camp. I recognize that my child will be more active at this camp than in school and represent that this plan accounts for applicable varying activity levels.

I certify that my child is able to manage their highs/Lows, carb counting and insulin delivery appropriately without any supervision, and that they also understand how to manage their emergency care should a situation arise. I understand there will be no record of diabetic care for my child while they are attending the camp session dates above. I also understand that by law all medications must be locked up and out of the reach of youth under 18 years. I will provide the appropriate size locking container to hold my child’s supplies at all times.

I certify my child is capable to self-manage their diabetes related needs and hold Forest Home, Inc. harmless from any complications that may arise from my child’s self-management. I understand that Forest Home is not responsible for any damage, maintenance, repair or replacement of any durable medical equipment (including insulin pumps, continuous glucose monitors, supplies) my child may use during Camp, and other risks assumed in the use of such devices.

IN CONSIDERATION OF FOREST HOME, INC. ALLOWING MY CHILD TO ATTEND ITS SUMMER CAMP, I HEREBY KNOWINGLY WAIVE AND RELEASE FOREST HOME, INC. , ITS AGENTS, EMPLOYEES, ASSIGNS, VOLUNTEERS, DIRECTORS, OFFICERS AND MEDICAL STAFF (COLLECTIVELY, “FOREST HOME”), FROM ANY AND ALL LIABILITY OR CLAIM ARISING OUT OF AND IN CONNECTION WITH MY CHILD’S PARTICIPATION IN CAMP FOR ANY REASON.

Parents/Guardians name (typed or printed): _____

Address: _____

Phone: (___) _____

Camper’s Parent/Guardian Signature

Date
