



# Campers with Diabetes

The Woodcock Nature Center's Summer Camp program is a State of Connecticut licensed summer camp. This certification requires us to follow strict guidelines with regards to additional care needs at camp. Additional care needs are health or related care that is beyond what is generally required by children. These may include any medical, physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition (including allergies or asthma that require epipens, antihistamines, inhalers or other medications while attending camp).

If your child has additional care needs, every step listed below must be completed. **Your child will not be allowed to attend camp if we do not have all of the items listed below.**

## Forms required:

- **Individual Plan of Care** form (to be filled out by Parent/Guardian).
- **Authorization for Administration of Medicine** form for insulin pumps or individual medications (to be filled out by the prescribing doctor and signed by the parent.)
- A written order signed and dated by the child's prescribing doctor indicating: The child's name; The diagnosis of diabetes mellitus; The type of blood glucose monitoring equipment and/or test required; The test schedule; The target ranges for test results; Specific actions to be taken and carbohydrates to be given when test results fall outside specified ranges; Diet requirements and restrictions; Any requirements for monitoring the child's recreational activities; and Conditions requiring immediate notification of the child's parent or emergency contact.

## Diabetic Equipment at Camp:

- Parent/Guardian agrees to check and maintain the child's equipment in accordance with manufacturer's instructions, restock supplies, and remove material to be discarded. All materials to be discarded shall be kept in a separate zip lock bag and given to the child's parent for disposal.
- Equipment/Medications will be received by Senior Staff at drop-off and be checked for expiration dates and proper packaging. They will be returned to Parents at check-out unless otherwise arranged.

**\*IMPORTANT\* In order for your child to be admitted to camp, required forms must be provided in advance, and all medication must be properly packaged and labeled and must not be expired.**



## Individual Plan of Care For a Child with Diabetes

An Individual Plan of Care is necessary when a child has a special health care need or disability and it is necessary that special care be taken or provided while the child is at the youth camp.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Describe Special Health Care Need or Disability: \_\_\_\_\_

Outline the plan for the appropriate care of the child in a medical emergency.  
(Additionally, written orders from prescribing doctor can be attached to this form.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other relevant information (e.g. precautions to be taken to prevent a medical or other emergency): \_\_\_\_\_

\_\_\_\_\_

**\*By signing this document, the Parent/Guardian agrees to check and maintain the child's diabetes equipment in accordance with manufacturer's instructions, restock supplies, and remove material to be discarded. All materials to be discarded shall be kept in a separate zip lock bag and given to the child's parent for disposal.**

Signature of Parent/Guardian:

\_\_\_\_\_ Date Signed: \_\_\_/\_\_\_/\_\_\_

Signature of Staff responsible for the child (for WNC use):

Printed Name	Signature	Date Signed:
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___

NOTE: Section 428-3(a) requires a child's health record to include information regarding disabilities or special health care needs such as allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history or contagious disease, and an individual plan of care for the child with special health care needs or disabilities. The plan shall be developed with the child's parent(s) and health care provider and updated as necessary. Such plan of care shall include appropriate care of the camper in the event of a medical or other emergency and shall be signed by the parent(s) and staff responsible for the care of the camper.

**Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel**

In Connecticut schools, licensed Child Care Centers and Group Care Homes, licensed Family Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

**Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):**

Name of Child/Student \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

Address of Child/Student \_\_\_\_\_ Town \_\_\_\_\_

Medication Name/Generic Name of Drug \_\_\_\_\_ Controlled Drug?  YES  NO

Condition for which drug is being administered: \_\_\_\_\_

Specific Instructions for Medication Administration \_\_\_\_\_

Dosage \_\_\_\_\_ Method/Route \_\_\_\_\_

Time of Administration \_\_\_\_\_ If PRN, frequency \_\_\_\_\_

Medication shall be administered: Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_

Relevant Side Effects of Medication \_\_\_\_\_  None Expected

Explain any allergies, reaction to/negative interaction with food or drugs \_\_\_\_\_

Plan of Management for Side Effects \_\_\_\_\_

Prescriber's Name/Title \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Prescriber's Address \_\_\_\_\_ Town \_\_\_\_\_

Prescriber's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

School Nurse Signature (if applicable) \_\_\_\_\_

**Parent/Guardian Authorization:**

- I request that medication be administered to my child/student as described and directed above
- I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of medication (school only.)
- I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects. (For child care only)

Parent/Guardian Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Parent /Guardian's Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL**

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization for self-administration:  YES  NO \_\_\_\_\_  
Signature Date

Parent/Guardian authorization for self-administration:  YES  NO \_\_\_\_\_  
Signature Date

School nurse, if applicable, approval for self-administration:  YES  NO \_\_\_\_\_  
Signature Date

\*\*\*\*\*  
Today's Date \_\_\_\_\_ Printed Name of Individual Receiving Written Authorization and Medication \_\_\_\_\_

Title/Position \_\_\_\_\_ Signature (in ink or electronic) \_\_\_\_\_

**Note: This form is in compliance with Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)**