



## 2010 CAMPING SESSIONS

Summer 3-Week sessions

Senior Weekend session

# CAMP SWEENEY Application Package

I N S T R U C T I O N S • C A M P E R • M E D I C A L

## General Enrollment & Registration Information

Enrollment: This is a two part application.

- 1. Camper Application:** Complete, sign and return as soon as possible to enroll; accepted on a first-come, first-serve basis.
- 2. Medical Application:** Have your child's diabetes doctor complete and sign. A new medical app is required each summer and winter. Depending on your doctor's appointment you may need to send the med app later than the camper app as long as we receive it two weeks before opening day. See Instructions page 2 of 2.

Registration or "Opening Day": Takes about 2 hours because it includes a one-on-one interview with the medical staff. \*An optional Parent Seminar is held at 11 a.m.

Summer 3-Week*	7:30 a.m. to 11 a.m.
Senior Weekend	1 p.m. to 3 p.m.

Camp Sweeney DVD: An informational video is available free to anyone.

Write:

Camp Sweeney  
P. O. Box 918  
Gainesville, Texas 76241

or call  
940-665-2011

or e-mail [info@campswweeney.org](mailto:info@campswweeney.org)

## The Cost

The cost consists of two components:

- 1. Medical Fees** include laboratory testing and physician consultations.
- 2. Camping Fees** include room and board and program fees.

Session	Medical	Camping	Total
3-week	\$1216	\$1284	\$2500
Senior	\$0	\$250	\$250

Deposit: A \$100 non-refundable deposit for each session you wish to attend is required. The deposit will be deducted from your balance.

Insurance: Medical fees are collected on behalf of Southwestern Diabetic Physicians Association (SDPA) and may be partially covered by many health insurances depending on your individual out of network plan benefits and deductible.

Financial Assistance: Full or partial aid is available.

Payment Options: We calculate your out-of-pocket cost by subtracting the *estimated* amount your insurance may pay and the amount of aid you are awarded. The balance may be paid in a lump sum or you may set up a monthly payment plan starting as soon as we receive your application. You may also set up automatic payments with your credit card if you prefer.

# Filing Your Health Insurance

Medical services are provided around-the-clock by attending physicians and staff under the Southwestern Diabetic Physicians Association (SDPA).

Many families' health insurance, private insurance and some PPOs, will cover a portion of the cost of the medical services.

Medical insurance is filed under SDPA, an **out-of-network provider**; unfortunately, HMOs will not cover this expense.

If you would like SDPA to file your health insurance claim, please fill out the Health Insurance Information portion on the Camper Application page 2 of 2. Also include a copy of the front and back of your insurance card(s).

# Applying For Financial Assistance

It's easy. Just complete the Financial Assistance portion on Camper Application page 2 of 2. Aid is figured on a sliding scale, evaluating the annual household gross income, household size, and health insurance coverage.

Financial assistance cannot be considered without **proof of income** such as a copy of the first page of your 2009 tax return or W-2, or current paycheck stubs indicating how often you are paid.

Even if you think you may not qualify, it never hurts to apply. Full or partial aid is available.

# Siblings & Additional Sessions

Only as space permits. Deposits are required. Final payment is due two weeks prior to opening day. No aid is available for siblings or for additional sessions and insurance will not be filed. Non-diabetics must test blood sugar like other campers.

Although we "hold" these apps and deposits until mid-Spring, we encourage you to send them in early because they are enrolled in the order they are received. Deposit returned if not enrolled.

# FINAL CHECKLIST

- 1. General Information**  
Camper Application page 1 of 2.  
Complete and sign by both camper and parents or guardians.
  
- 2. Insurance & Financial Assistance**  
Camper Application page 2 of 2.  
For Financial Assistance, **enclose proof of family income**, copy tax return (1st page only) or W-2 or current paycheck stub(s).  
For Insurance, **enclose a front/back copy of insurance card(s)**. Cards are required whether filing insurance or not.
  
- 3. \$100 Deposit**  
For each session you wish to attend.

To enroll, send items 1 through 3 as soon as possible because we fill up quickly. Reservations cannot be made without a completed Camper Application and deposit.

- 4. Medical Application, pages 1 & 2**  
Send or take to your child's diabetes doctor (or pediatrician for non-diabetic siblings) to complete and sign. Unsigned medical applications will not be accepted.  
  
Immunization records may be completed by your doctor or a copy of the records may be submitted with the medical application if not already on file with us.  
  
Final acceptance to Camp Sweeney is dependent upon receipt and approval of the Medical Application, which should be received by our office at least 2 weeks before your session starts to ensure that your child's medical needs can be met by our facilities. Exceptions may be made for children enrolling later than these dates.

If attending: Please return med app by:  
Session 1..... May 25th  
Session 2..... June 14th  
Session 3..... July 5th

We accept enrollment applications until the first day of the session or until the session is full.

# Camp Sweeney 2010 Camper Application

## SESSION PREFERENCE \$100 deposit required for each session selected.

Please indicate your 1st, 2nd or 3rd choices. If your 1st choice is full, you'll be registered in your 2nd or 3rd choice.

- FIRST SESSION \$2500 (ND \$1284) - Sunday, June 6 to Friday, June 25, Ages 5-18
- SECOND SESSION \$2500 (ND \$1284) - Sunday, June 27 to Friday, July 16, Ages 5-18
- THIRD SESSION \$2500 (ND \$1284) - Sunday, July 18 to Friday, August 6, Ages 5-18
- SENIOR WEEKEND SESSION \$250 (ND \$250) - Friday, August 6 to Sunday, August 8, Ages 13-18

Additional Session \$1216 for:  1st,  2nd, or  3rd

Check here if application is for a Non-Diabetic Sibling (ND)

Camper Name: Last		First		M.I.	Name preferred to be called (other than first name)		
Date of Birth	Camper's Social Security Number		Sex	Current Grade in School	T-Shirt Size	Have you attended Camp Sweeney before?	
Mailing Address					<input type="checkbox"/> Youth M (size 10-12)	<input type="checkbox"/> No	
City				State	Zip	County (not Country)	
Home Phone (not cell)		Camper's Email				<input type="checkbox"/> Youth L (size 14-16)	
					<input type="checkbox"/> Adult M	<input type="checkbox"/> Yes	
					<input type="checkbox"/> Adult L	4-Digit PIN Number (to be used by camper to access Merit Tokens)	
					<input type="checkbox"/> Adult XL		
					<input type="checkbox"/> Other: _____		
Father or Guardian (First, MI, Last)				Mother or Guardian (First, MI, Last)			
Mailing Address		Occupation		Mailing Address		Occupation	
City, State Zip		Email Address (Home or Work)		City, State Zip		Email Address (Home or Work)	
Home Phone	Work Phone	Cell Phone		Home Phone	Work Phone	Cell Phone	
Friend or Relative to contact in case of an emergency			Relationship to Camper		Phone of Friend or Relative		
Name of Physician Who Manages Your Child's Diabetes				Diabetes Physician Office Phone			
Physician's Mailing Address				City, State Zip			
Camper's Primary Care Physician Name (if different)				Primary Care Physician Office Phone			

## RELEASE OF SOUTHWESTERN DIABETIC FOUNDATION, CAMP SWEENEY, and/or SOUTHWESTERN DIABETIC PHYSICIANS ASSOCIATION

I \_\_\_\_\_, Camper, and we, \_\_\_\_\_, parent/guardian,

of the above camper, hereby agree to hold harmless the Southwestern Diabetic Foundation, Camp Sweeney and/or Southwestern Diabetic Physicians Association, its agents, servants or employees from any and all liability of whatsoever nature and from injuries, sickness or other damages suffered by us or camper during his or her stay at the Camp Sweeney and/or Southwestern Diabetic Physicians Association facility and by any act or omission of said organizations, their agents, servants, or employees. We the Parents/Guardians give permission for our child to participate in all of the Camp Sweeney program activities on or off the Camp Sweeney property. Many pictures will be taken of all the children who attend Camp Sweeney. In addition, some videotapes, live and recorded internet broadcasts and interviews will be taken during this session. We give the Southwestern Diabetic Foundation, Inc. permission to use the pictures, interviews, live and recorded internet broadcasts, internet pictures and videotapes of our child in any of its publicity campaigns and/or web sites. We authorize the medical staff at Southwestern Diabetic Physicians Association to administer or authorize emergency medical treatment in our absence. We understand that every reasonable effort to notify us will be made prior to rendering treatment. We understand that if any medical expenses occur during the course of camp including x-rays, blood tests, medications, and/or emergency room visits the camper's guardians will assume financial responsibility for expenses not covered by the camper's insurance. In addition, both the camper and the camper's parents/guardians agree for the release of any medical information acquired by Southwestern Diabetic Physicians Association to be released to their family physician and/or insurance company. The camper and the camper's parents agree that the camper will abide by the behavioral rules and procedures set forth by Camp Sweeney for the safety of all campers and staff. We have read and agree to all the above releases as indicated with regards to the camper's stay at camp.

Required Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Required Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Required Camper Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>PAYMENT</b> <input type="checkbox"/> \$100 Deposit Only <input type="checkbox"/> Check <input type="checkbox"/> Full Price of session(s) marked above. <input type="checkbox"/> MC/Visa/Disc		Credit Card #	Exp Date	You will be set up on our PAYMENT PLAN to be paid in full by April 30 of the following year.  If you prefer, you may pay the full amount due by the first day of camp.
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Incomplete or unsigned applications will not be accepted.

# Insurance Information & Financial Aid Application

CAMPER'S NAME

Last

First

M.I.

## HEALTH INSURANCE INFORMATION

You MUST send a front/back copy of your insurance card whether or not filing insurance; if faxing, please enlarge card. If your card is dark, please mail or email, not fax. Your out of network benefits info is available at your work's insurance dept. If you have more than 2 insurances, please attach additional page.

Check one of the following:

- File with our insurance.  
 DO NOT file with our insurance.  
 We do not have medical insurance coverage.

Primary Insurance		Secondary Insurance	
Name of Policy Holder (usually parent/guardian)	Date of Birth of Policy Holder	Name of Policy Holder (usually parent/guardian)	Date of Birth of Policy Holder
Complete Mailing Address of Policy Holder		Complete Mailing Address of Policy Holder	
Policy Holder City, State Zip		Policy Holder City, State Zip	
Name of Employer		Name of Employer	
ID or Subscriber Number on the Ins Card	Group Number	ID or Subscriber Number on the Ins Card	Group Number
Insurance Address		Insurance Address	
Insurance City, State Zip		Insurance City, State Zip	
Claims and Customer Service Phone Number	Electronic Claims Payor No.	Claims and Customer Service Phone Number	Electronic Claims Payor No.

## FINANCIAL ASSISTANCE

Financial assistance will not be considered without proper documentation such as your 2009 tax return (page 1) or current paycheck stubs for each working member of your household.

Number living in household (Including camper)	Annual Gross Household Income - Documentation required
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## ASSIGNMENT OF INSURANCE BENEFITS Required if submitting insurance information.

I authorize payment of medical benefits concerning my child to the Southwestern Diabetic Physicians Association for the medical services rendered by the Southwestern Diabetic Physicians Association.

Required Signature of Authorized Person (Guardian) \_\_\_\_\_ Date \_\_\_\_\_

## CERTIFICATION Required by anyone submitting any portion of this page.

I certify that the above is true and correct and hereby authorize investigation of these facts by any authorized representative of the Southwestern Diabetic Foundation or Southwestern Diabetic Physicians Association.

Required Father or Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Required Mother or Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Send Completed Applications to:  
 CAMP SWEENEY  
 Attn: Applications  
 P.O. Box 918  
 Gainesville TX 76241

You may send in your camper application at any time without your medical application. However, your medical application should be sent two weeks prior to opening day.

OR Fax 940-665-9467 (requires credit card)

# Medical Application 2010

Check your session and return by:

- Session 1 due May 25th  
 Session 2 due June 14th  
 Session 3 due July 5th

Check here if Sibling Without Diabetes

This medical application must be completed for ALL children. If your child is not diabetic, have your pediatrician complete form and disregard questions relating to diabetes.

## TO BE COMPLETED BY CHILD'S DIABETES DOCTOR

CHILD'S NAME Last		First		M.I.
Date of Birth		Sex	Date of Diagnosis	Most recent check-up date
Weight	Height	Blood Pressure	Most recent Hemoglobin A1C Date: _____ Value: _____	

### INSULIN/MEAL PLAN

Please indicate insulin ratios with Carbohydrate:Amount of Insulin (for example 10:1)

Please use the following Insulin Brand abbreviations when filling out dosages:  H Humalog V Novolog A Apidra G Lantus D Levemir N Humulin N		A.M.	NOON	5 P.M.	BEDTIME
	INSULIN DOSAGE				
SLIDING SCALE					
MEAL PLAN Grams of Carbohydrates					

Does child use an insulin pump?  Yes  No If yes, fill out the pump section on Medical Application page 2 of 2.

Any food allergies, including Celiac/gluten?  Yes  No If yes, list:

May this child participate in:

Strenuous activities?  Yes  No

Swimming, Diving?  Yes  No

Any Limitations?  Yes  No

May we have permission to alter this child's diet & insulin if camp activity necessitates?  Yes  No

Are there any other physical disabilities or abnormalities in addition to diabetes?

### MEDICATIONS (Other than insulin)

Prescriptions or over-the-counter medications must be brought in their original container or will not be accepted.

NAME	DOSAGE	FREQUENCY	DURATION

### DRUG ALLERGIES:

### IMMUNIZATION RECORD (Obtain from primary care physician or from your school records if not on file.)

Diphtheria-Tetanus	Polio Booster	MMR	Hepatitis B
Date: _____	Date: _____	Dose 1 Date: _____ Dose 2 Date: _____	Dose 1 Date: _____ Dose 2 Date: _____ Dose 3 Date: _____
Must be within 7 years			

Additional comments and/or recommendations:

Physician's Name (PLEASE PRINT)	Office Phone
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Address		
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City	State	Zip
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REQUIRED Physician's Signature <b>X</b>	Date
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Unsigned medical applications will not be accepted.

The Medical Application information is requested by Southwestern Diabetic Physicians Association (SDPA).

# Insulin Pump Information

Please fill out this section if camper is using an insulin pump.

CHILD'S NAME

Last

First

M.I.

Pump Manufacturer:

Model:

## BASAL RATE

PLEASE ENTER YOUR RATE FOR EACH HOUR OF THE DAY BELOW:

Midnight	8:00 am	16:00 pm
1:00 am	9:00 am	17:00 pm
2:00 am	10:00 am	18:00 pm
3:00 am	11:00 am	19:00 pm
4:00 am	Noon	20:00 pm
5:00 am	13:00 pm	21:00 pm
6:00 am	14:00 pm	22:00 pm
7:00 am	15:00 pm	23:00 pm

## CARBOHYDRATE : INSULIN BOLUS RATIO

Breakfast:

Afternoon Snack:

AM Snack:

Supper:

Lunch:

Bedtime Snack:

Correction Bolus Scale:

Other Information:

NOTE: Children who are using an insulin pump must bring enough pump supplies to last the entire session.

SEND COMPLETED FORMS TO:



CAMP SWEENEY

Attn: Applications

Box 918

Gainesville, Texas 76241

Fax: 940-665-9467