

Camp Hickory Hill
Post Office Box 1942
Columbia, MO 65205
camphickoryhill@yahoo.com

Dear Camper,

For more than 35 years, Camp Hickory Hill for Diabetic Children has been welcoming new and returning campers to its beautiful 77-acre campsite.

For those who have been a part of Camp Hickory Hill in previous years, we thank you for your continued interest in the camping tradition at Camp Hickory Hill. If this is your first time as a camper, welcome. We will provide you with a safe environment, lots of fun, adventure and excitement. But most importantly you will meet and make life-long friends all of whom experience many of the same things you do living life as a diabetic.

We have a complete medical team in camp at all times. Our staff members are also trained to help you enjoy this enriching experience to its fullest. So get ready for some fun!

2010 Camp Dates are as follows:

Ages 7 - 17
July 18 - 29

Check in 10 – 1 p.m./Check out 12 – 3 p.m.
Age applied on first day of camp!

See you at camp,

Jessica

Jessica La Mantia Bernhardt
Camp Director
Camp Hickory Hill for Diabetic Children

CAMP HICKORY HILL for DIABETIC CHILDREN

2010 CAMPER APPLICATION

You will find the following information and guideline pages (1 to 6) very helpful as you prepare for your camper to attend Camp Hickory Hill, PLEASE KEEP THESE PAGES!!!

Please complete and return pages 7 to 16
to Camp Hickory Hill, P. O. Box 1942, Columbia, MO 65205.
The deadline for submitting the application is July 1, 2010.

INFORMATION & GUIDELINES

2010 CAMPER FEES

The camp's actual cost is approximately \$1,200 per camper.

The 2010 fee amounts are:

Family Annual Income	2010 Fee
0-19,999	\$400
20,000-29,999	\$500
30,000-39,999	\$700
40,000-49,999	\$900
50,000-59,999	\$1000
60,000-69,999	\$1100
70,000+	\$1200

If the recommended fee poses concern, please see the Campership Application or email the **Camp Director, Jessica**, camphickoryhill@yahoo.com for arranging payment or ideas on generating funds. All diabetic children are welcome regardless of the fee their family is able to pay. Please include your fee amount with your camper's application. If plans change and your camper cannot attend, please notify us in writing at least 30 days prior to the start of your camper's session in order to receive a full refund.

NON-DISCRIMINATION POLICY

Camp Hickory Hill does not discriminate based on gender, race, color, religion, national origin, age or any other protected class or status, except that (1) all campers (except children of staff) must have diabetes mellitus and be between ages 8 and 17 and (2) staff must meet minimum age requirements.

SERIOUS ILLNESS

During camp licensed medical personnel are on duty 24 hours a day. In case of a serious illness or accident, a member of the medical staff will notify the parents. If hospitalization is required, your camper will be taken to a hospital in Columbia, Missouri.

Note: Medical information on your camper will be available to the medical staff and will only be made available to other camp personnel (including your camper's counselor) as deemed necessary for the safety and well-being of your camper.

MAIL TO CAMPERS

Please address mail to campers to:

[Camper Name]
Camp Hickory Hill
P.O. Box 1942
Columbia, MO 65205

VISITORS

It is usually parents who are most prone to be "homesick." Campers, in the flurry of activities, quickly forget any initial feelings of homesickness. Please do not visit camp or phone your camper during the camping sessions. Feel free to phone the camp director in case of emergencies.

CAMP THEME

This year's camp theme will be "Ancient Rome!" in honor of the Olympics. Plan on bringing your best roman chariots, tunics, togas and olive branch crowns. Cabin decorations appropriate for "Roman Olympiads" camp theme, but please leave your Little Caesars' Pizza, javelins, and bobsleds at home!

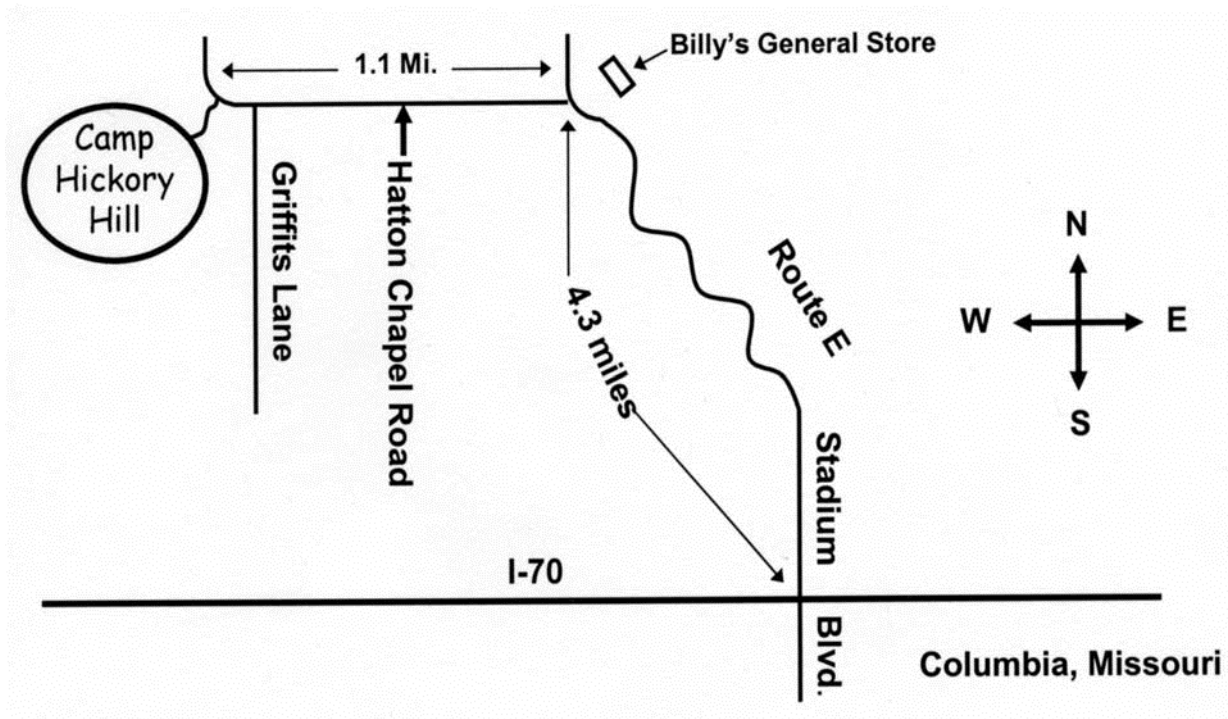
"G" RATED CAMP

We are a "G" rated camp and will not permit off-color language, shady references, inappropriate music, books, magazines, decorations or graffiti, tasteless clothing or inappropriate behavior. Campers are not permitted to "date" staff.

When choosing clothing remember: Clothing with alcohol, tobacco, illegal drug or similar logos or messages is not permitted. Staff and campers are expected to wear appropriate clothing with limited exposure. What the appropriate clothing is will be at the discretion of the Executive Committee.

MAP & DIRECTIONS

Camp Hickory Hill is located 5 miles NW of Columbia, MO. From I-70, exit at Stadium Blvd. (Exit #124). Go north 4.3 miles on Stadium Blvd. (Stadium Blvd. changes names to Route E in the first mile.) At Billy's General Store (on your right) turn left on Hatton Chapel Road. Go 1.1 miles west on Hatton Chapel Road to the camp sign and gate on your left.



▶▶▶▶ **YOUR PHYSICAL EXAMINATION FORM!!** ◀◀◀◀

In order to meet the standards of the American Camp Association, we must have your camper's completed physical examination form (page 16) when your camper checks in on arrival day. We suggest that you make a copy of this completed and signed form, send us the original, and bring the copy with you to camp. **You will not be accepted as a camper until we have this completed form.** Please avoid needless frustration by getting this form to us on or before arrival day.

BE SURE TO BRING WITH YOU TO CAMP:

1. Blood glucose meter and the "Operator's Manual"*
2. Test strips*
3. Control solutions*
4. Check paddles, check strips, and/or calibration materials*
5. Extra batteries*
6. Non-diabetes medications*
7. If you use an insulin pump, the "Operator's Manual" and all the supplies for it including extra reservoirs, batteries and infusion sets*
8. If you use insulin pens, bring them and extra cartridges of insulin*

If you have any problems, concerns or questions regarding any of the above, or if you do not know what we mean by control solutions or any of the other supplies, please write or email:

Dr. Michael Gardner
 Medical Director
 Camp Hickory Hill
 P.O. Box 1942
 Columbia, MO 65205
 camphickoryhill@yahoo.com

If you are unable to obtain some or all of these supplies, contact us. We are here to help. We want to do whatever it takes to make it possible for your camper to attend Camp Hickory Hill. We may be able to help you obtain some of these supplies.

INSULIN, SYRINGES, ALCOHOL WIPES AND SAFETY DISPOSAL CONTAINERS ARE PROVIDED BY CAMP HICKORY HILL.

RECOMMENDED ITEMS FOR CAMP

Campers should have sufficient clothing for 7 days at a time. Campers will have laundry service twice each camp session. Please label all pieces of clothing with the camper's name. Suggested items include:

Nondiabetic medications (label with camper's name)	Toilet articles (deodorant, shampoo, toothpaste, toothbrush, etc.) ***
Blood meter & supplies	Dietetic gram scale (If you have a Hanson model 1440 or Pelouze model YG-500R, please bring it)
3 bath towels; 2 washcloths	Old clothes, old sneakers and boots for the mud pit and cave (<u>Don't Forget These!!</u>)
Large beach towel	
Blankets and 2 sheets*	Swim suit; swim cap
Flashlight & extra batteries	2 pairs jeans/sweats
7-10 pr. socks	2-3 pr. sneakers (& hiking shoes, if you have them)
Night clothes	Sleeping bag
7 pr. shorts	Insect repellent ***
10 changes of underwear	Tennis racket and tennis balls****
Jacket or sweatshirt	Softball glove****
10-12 shirts or tee shirts	Fishing equipment****
Pillow & pillow case	Rain coat/poncho
Laundry bag	Musical instrument****
Handkerchiefs/ Kleenex	
Water shoes (aqua socks)	Hat/ visor/ sunglasses/ sunscreen

Please label all personal items with the camper's name. The camper assumes sole responsibility for articles brought to camp.

*The following will NOT be permitted at Camp: **CELL PHONES!!!!**, camera's, TV's, radios, CD players or mp3 players, portable gaming stations, and laser lights. Thank you for your help on this. Any of these items brought by your camper will be confiscated.*

* If recent episodes of bedwetting, please send extra bed sheets.

*** FOR SAFETY REASONS, AEROSOL CANS ARE NOT ALLOWED. Please bring any such items in pump spray bottles.

****No need to buy these items for camp. But bring them along if you already have them.

CAMP RULES

The Board of Directors has established the following rules for the health, safety and well-being of everyone at Camp Hickory Hill (CHH). Failure to follow these rules will be dealt with by the Camp's Executive Committee and may result in dismissal from camp.

1. Matches, candles, fireworks and all other flammable materials are prohibited.
2. All firearms, ammunition, and knives brought to camp must be turned over to the Camp Director upon arrival at camp. These will be available to the owner only when needed during activities supervised by qualified, authorized staff. Laser lights are not permitted at camp at any time.
3. Tobacco products, alcohol and illicit drugs are strictly prohibited. Any prescription or "over the counter" medications the camper may be taking are to be turned over to the medical staff upon arrival at camp.
4. All food & beverages, except those provided by CHH, are prohibited. Sugarless gum is permitted.
5. Rappelling, lake-front, mud pit, challenge course and monocable areas are prohibited after dark.
6. Lake-front, swimming pool, cave, monocable, challenge course and rappelling cliff are off limits except when supervised by authorized staff.
7. Fighting & scuffling on the pool deck are prohibited. Absolutely no one will be pushed, pulled or thrown into the water. Campers may not be on the lifeguard chairs at any time.
8. No camper/CIT is to leave the campgrounds unless approved by the Camp Director or Medical Director.
9. The mobile home, tractors & all other equipment are off limits to all campers at all times.
10. Except when supervised by authorized staff and approved in advance by the Camp Director, male campers may not be in the girls' area of camp and female campers may not be in the boys' area of camp.
11. The Needle Shack (infirmary) is off limits to all campers unless there for medical reasons. The kitchen is off limits to all campers unless approved to be there to work.
12. Any camper bringing a vehicle to camp will park it in the designated area and will turn all keys over to the Camp Director immediately upon arrival at camp.
13. Campers may not make or receive telephone calls while at camp except with the Camp Director's approval. Campers may not have cell phones at camp.

No camper may have a camera at camp. Camp pictures will be taken by an appointed staff member.

Camp Hickory Hill for Diabetic Children

CAMPERSHIP APPLICATION for FINANCIAL ASSISTANCE

This Campership Application must be filled out *if the 2010 Fee from above cannot be met*. Please disregard if this is not applicable. Completed financial report forms must be returned no later than May 31, 2009 to be eligible for consideration. Campership funding will only be considered if a copy of the following is attached: **IRS tax return, W-2 form, or another form, which verifies income.**

Camper Name: _____

AMOUNT FAMILY WILL CONTRIBUTE \$ _____

AMOUNT OF ASSISTANCE REQUESTED \$ _____

Number in Household

List the number of persons living in your house who are included in your living expenses: _____

Please List:

Last Names of Parents/guardians

First names of parents/guardians

Household Income:

Include wages of ALL working members of the household, welfare payments, pensions, child support, alimony, unemployment, social security, and any other income.

ANNUAL GROSS INCOME: _____

Camperships are strictly based on total income and number in the household. If you feel you have extenuating circumstances, which may have a bearing on your eligibility, please explain in the space below.

Notification of awards is sent by mail. If awarded a campership, I /we understand that my child must send a thank you letter to "the sponsor" and forward it to Camp Hickory Hill for Diabetes Education.

Signature of Parent/Guardian: _____

Date: _____

Camper's Name _____

Sex: M F Birth Date _____

Age: _____

Parent or Guardian (Person to notify in case of emergency):

Name _____

Address _____ City _____

County _____ State _____ ZIP Code _____

Home/Cell Phone _____ Work Phone _____

If the parent/guardian will be out of town during the camp session, please list dates, location and phone numbers on a separate sheet of paper.

Camper's e-mail address: _____

Parent's e-mail address: _____

Number & ages of camper's brothers & sisters living at home: _____

Living situation: Both parents _____ One parent _____

Parent and Step Parent _____ Other (please specify) _____

What years has your camper already attended CHH? _____

Other diabetic camps? _____

What does your camper like to do at camp? _____

What does your camper want to get out of camp? _____

Any other information (sleepwalking, bedwetting, special learning needs) _____

Parent/Guardian Signature: _____ Date: _____

CONSENT FORM

We, the parent(s)/guardian(s) of _____, hereby consent to including his/her name, birth date, address, phone number and e-mail address in the camp newspaper (so campers can keep in touch after camp) **and** to using his/her picture in connection with any publication or fund raising activity, including procurement of camperships for Camp Hickory Hill.

SIGNATURE(S): _____

Relationship: _____

Date: _____

RELEASE STATEMENT

I (we) understand all reasonable precautions will be taken by the staff of Camp Hickory Hill to avoid possible injury or other harm to our son or daughter, _____. In consideration for the acceptance of my (our) son or daughter as a camper, I (we) agree on behalf of myself (ourselves) and on behalf of my (our) son or daughter that should any accident, injury or harm occur, either at camp, in transit to or from camp, or on a camp sponsored trip, there shall be no liability or responsibility on the part of Camp Hickory Hill, the Board of Directors, or the staff in any manner whatsoever and I (we) further agree to indemnify and hold harmless Camp Hickory Hill, the Board of Directors, and the staff from any claim that might, as a result of any accident, injury or harm to my (our) son or daughter, be brought against them by any person whomsoever.

SIGNATURE(S): _____

Relationship: _____

Date: _____

CAMP RULES

I have read the camp rules from page 6 and understand them. I agree to obey and follow them.

Camper Signature: _____ Date: _____

I (we) have read these rules and agree my (our) son or daughter should obey them.

Parent/ Guardian Signature: _____ Date: _____

RELEASE OF CAMPER

I, _____, parent/guardian of _____

will not be able to pick up him/her from Camp Hickory Hill on _____

I authorize Camp Hickory Hill to release him/her to _____

SIGNATURE: _____ **Date:** _____

Witness signature: _____ **Date:** _____

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Following Portion of This Page for Camp Use Only

At _____ on _____, _____ (camper name)

was released to _____ by the undersigned.

Camp Director signature: _____

Person receiving camper:

Signature: _____

Print Name: _____

Address: _____

Phone: _____

Note: The Camp Director will request and verify the identification of the person receiving custody of your camper.

MEDICAL INFORMATION

Name _____ Age _____ Birth date _____

Parent/Guardian _____ Phone _____

Address _____

How long have you had diabetes? _____ Diet: _____ Calories _____

Insulin: A.M. (amounts and types) _____

P.M. (amounts and types) _____

Other (amounts and types) _____

Do you inject your own insulin? () Yes () No () Sometimes

Do you mix and measure your own insulin? () Yes () No () Sometimes

Do you have insulin reactions? _____ If so, how often and what time(s) of day? _____

Do you do home glucose monitoring? _____ If so, how often? _____

Which strip? _____ Which meter? _____

Do you use an insulin pump? _____ If so, which brand or model? _____

Do you use tobacco? () Yes () No () Sometimes

Do you have other conditions or illnesses? _____ If yes, list them: _____

Do you take medications other than insulin? _____ If yes, list them: _____

Please record any past medical treatments you have had: _____

Do you have any allergies? _____ If yes, explain:

a. Medication allergies: _____

b. Food allergies: _____

c. Other allergies: _____

How often do you see your physician? _____

When were you last hospitalized? _____

Most recent Hemoglobin A1c (glycosylated hemoglobin) if done: _____ When? _____

When did you have your last TETANUS shot? _____

What other immunizations have you had? _____

Your Physician: _____ Phone _____

Address _____

SIGNATURE _____ **DATE** _____

Parent/Guardian

MENTAL HEALTH INFORMATION

Name _____ Age _____ Birth date _____

Parent/Guardian _____ Phone _____

Address _____

Has your camper have a mental health and/or a learning disability diagnoses?

(Please describe): _____

Has your camper been seen by a mental health professional in the past? () Yes () No.

Date(s): _____

Reason(s): _____

Has your camper ever been admitted to a mental health facility? () Yes () No.

Date(s): _____

Describe: _____

Has your camper ever had an encounter with the law because of mental health problems? () Yes () No.

Date(s): _____

Describe: _____

Is your camper currently taking medication for a mental health-related condition? () Yes () No.

Medication: _____ For: _____ Since what date? _____

Medication: _____ For: _____ Since what date? _____

Medication: _____ For: _____ Since what date? _____

Medication: _____ For: _____ Since what date? _____

If your camper has behavior problems, describe what your family does to manage them: _____

Please list family members who are important to your camper:

Name Relationship Age Reside with camper?

_____ () Yes () No

_____ () Yes () No

_____ () Yes () No

_____ () Yes () No

_____ () Yes () No

_____ () Yes () No

_____ () Yes () No

_____ () Yes () No

SIGNATURE _____ **DATE** _____

Parent/Guardian

MEDICAL CONSENT

I/we hereby request and authorize the camp Medical Director and/or other physician or medical staff may designate or consult to administer prescribed medications, to provide routine health care and, in the event of illness or injury, to provide emergency medical and/or surgical treatment and/or hospitalization for my camper,

_____, while attending Camp Hickory Hill.
(Campers Name)

It is further understood that every reasonable effort will be made to contact me as promptly as possible when a problem concerning my camper is considered to be a medical emergency.

In the event I/we cannot be reached please contact:

Name: _____ Phone: _____

Parent or Guardian Signature _____

Phone number (home/cell) _____

(work) _____

Address _____

Date signed _____

INSURANCE INFORMATION

Name of Insured: _____

Name of Insurance Company: _____

Policy and/or Group Number(s): _____

PLEASE MAKE SURE YOU HAVE ENTERED ALL REQUESTED INFORMATION AND SIGNED AND DATED THIS FORM BEFORE MAILING IT TO US. OTHERWISE, THE APPLICATION WILL TO BE RETURNED.

MEAL PLAN

If presently following a meal plan, please complete this sheet and enclose it with your application.

Name _____ Calories _____

BREAKFAST

____Meat
____Bread/Starch
____Fat
____Fruit
____Milk: Wh, 2%, Sk

MID-AFTERNOON SNACK

____Meat
____Bread/Starch
____Fat
____Fruit
____Milk: Wh, 2%, Sk

MID-MORNING SNACK

____Meat
____Bread/Starch
____Fat
____Fruit
____Milk: Wh, 2%, Sk

SUPPER

____Meat
____Vegetable
____Bread/Starch
____Fat
____Fruit
____Milk: Wh, 2%, Sk

LUNCH

____Meat
____Vegetable
____Bread/Starch
____Fat
____Fruit
____Milk: Wh, 2%, Sk

BEDTIME SNACK

____Meat
____Bread/Starch
____Fat
____Fruit
____Milk: Wh, 2%, Sk

PHYSICAL EXAMINATION

Each camper must have the following physical examination within six months prior to entering Camp Hickory Hill.

Name _____ Date _____

Birth date _____ Age _____

Weight _____ Height _____ Temperature _____

Is there any evidence of eye disease or impaired vision? _____

Describe* _____

Is there any evidence of illness or communicable disease? _____

Describe* _____

Is there any evidence of emotional problems? _____

Describe* _____

Is there any evidence of problems of mobility? _____

Describe* _____

Is there any evidence of heart or lung disease? _____

Describe* _____

Other physical abnormalities? _____

Describe* _____

In my opinion, the above-named applicant is capable of participating in an active camp program with the following exceptions:

*Include medications, other treatments, and limitations.

Signature _____, M.D./D.O. Date _____

Address: _____ Phone: _____
