

FCYD Camp UTADA – Summer 2020 – CAMPER

FOUNDATION for CHILDREN and YOUTH with DIABETES – Utah's Accredited Diabetes Camps

FCYD Camp UTADA • 1995 w 9000 s • West Jordan, UT 84088

**REGISTRATIONS, this year MAY BE LIMITED DUE TO COVID RESTRICTIONS.
SO, RETURN FORMS NOW. LIST YOUR SESSIONS IN ORDER OF PREFERENCE.**

EMAIL to: FCYDCamp@gmail.com **HAND DELIVER:** 1995 W 9000 S, W.Jordan UT 84088, **USPS mail might not make it.**
Call the camp office 801 556-4432 to make payment, mon-thu, 10-5 pm. If you get the voicemail, leave a message.

SUMMER CAMP: WEEK LONG CAMPS – grades 2-7 (1st time 7th graders)

NEW FEE STRUCTURE THIS YEAR: EARLY REGISTRATION DISCOUNT

\$150 regular camp fee, includes 5 days, 4 nights, all meals and snacks and activities. All fees due 1 weeks B4 camp.
\$150 early registration: 1) all your forms & 2) your full camp fee is paid in full – 2 weeks before your session starts
camperships (sponsorships) are available, minimum \$40 deposit is required to register. (see registration form)

REGISTRATION INSTRUCTIONS:

CAMPER GRADES 2-7: THIS 5 PAGE REGISTRATION IS FOR CAMPERS **finishing** GRADES 2-7.

First timer 8th GRADERS should use these forms. **FCYD return 8th GRADERS** may register as **TEEN LEADERS**.

TEEN LEADERS, finishing GRADES 8-12 can attend session 0 and volunteer – **DOWNLOAD** teen leader registration

FAMILY CAMPERS: For the whole family. Download a Family Camp Registration. (dates and location TBA.)

BUDDIES, COUSINS, SIBS can attend any session, and must be within 1 year to be in the same cabin group.

Recommended latest due date: 2 weeks before your camp. Late registrations call 801 566-6913.

Please **DO NOT PRINT** double sided. **RETURN** all 5 forms. **KEEP THIS PAGE** for your records.

You can sign up for **ONE, TWO OR ALL THREE SESSIONS**.

VOLUNTEER – FAMILIES, PARENTS, SIBLINGS – we need your help - FILL OUT A STAFF REGISTRATION.

transportation, program, lifeguard, archery, food service staff and dining room/dishwashers.

Volunteers must have had a past camper enrollment. Exceptions will be considered by the camp director.

CAMP SESSIONS: Circle your Camp(s) AND KEEP THIS PAGE	SESSION 1	SESSION 2	EXPERIENCED 8TH GRADERS download teen leader registration
	Camper grade 2-7 July 19 - 23 sat 8 am - thu 6 pm Camp Kiesel, Ogden Canyon	Camper grade 2-7 Aug 2 - 6 sat 8 am - thu 6 pm Camp Kiesel, Ogden Canyon	DAY CAMPERS download day camp registration

circle your session(s) above.

keep this form for your records.

enter amount paid _____

2 SESSIONS OF SUMMER CAMP will be held at Scout Camp Kiesel, East of Ogden and Pineview Reservoir, about 75 minutes from Salt Lake City. Scout Camp Kiesel has 12 cabins, nice showers and restroom, lodge for dining and activities, a campfire area, a fishing pond, archery range. We plan on 30 to 40 campers and 15 to 20 staff each session. The Day Camps will be held at the camp office in West Jordan, (address above). The staff includes counselors, program and administrative staff and medical staff, including doctors, nurses, dietitians and a camp therapist. Counselors have diabetes themselves, are involved in the health care field, are friends of camp or may be jr. counselors from our Teen Leader Program.

PLAYHOUSE DIABETES DAY CAMP (download day camp registration) will be held at the camp office this year in West Jordan (address above). Lunch and afternoon snacks are included and you can choose any combination of the 3 days or all 3 days. Check-in and orientation are on the first day of day camp, and is free, even if you choose to start on the second or third day of camp. This year, Day Camp is held separate from our regular camp sessions. All day campers should attend the free orientation activities. We plan on 20 to 30 day campers and 5 to 10 staff each session. The staff includes counselors, program and administrative staff, and medical staff including doctors, nurses, dietitians and a camp therapist.

FAMILY CAMP: Please download the Family Camp Information and forms. Family camp will be held on the weekend beginning after work on Friday and ending on Sunday. Family Camp is for the whole family who have infants, toddlers and children diabetes aged 0 – 12. Dates and location TBA.

ACTIVITIES AT CAMP INCLUDE: Archery, Crafts, Field Sports and Whole Camp Special Activities. **CLUBS** are held once or twice a week and may include aerobics, basketball, cheer, cooking, dance, fishing, golf, mountain bikes, newspaper, scrapbooking, soccer, swimming, games, painting, volleyball, yearbook and more. Other **SPECIAL ACTIVITIES** might include: Cabin Decorating, Sundown Service, Dance Party, Campfire and Skits, Talent Show, Guest Speakers, Water fight, Night Hike, Night Games, Camp Parties, Lake Day, Relays, ADATU Book of Records, Relays, Tournaments, fun, fun, fun and even more, more, more !!

CAMPER FEES: EARLY REGISTRATION FEES APPLY IF: 1) your full camp fee is paid and 2) all your registration forms are turned in 2 weeks before your first camp session. An early registration discounted fee applies as stated above. Very late registrations may have a late fee of \$50 added. Refunds are not given if you cancel after 1 week before camp. **CAMPERSHIPS** (sponsorships) are available for anyone, to help with camp fees, winter camp lift passes, lessons, rentals.

CAMPERSHIPS (sponsorships) are available from our campership fund for campers who cannot afford the full camp fee. If you are applying for a campership, you must still **ENCLOSE A DEPOSIT**. If you receive a full campership your deposit will be refunded to the camp store. To apply for a Campership: enclose a deposit, **AND** check the box on page one of the registration form (a third of the way down) and fill out ALL 3 spaces.

CAMP SIGN UP PROCESS:	A 2 part process: 1) Registrations due 2) Final Info Packet sent out by email
2 weeks before camp	Registration forms are sent out by email and are available on line within a week. (fcydcamputada.org)
1 weeks before camp	Registration forms and all fees are due at the office – recommended due date 2 weeks before camp
1 week before camp	Final information packets will be emailed – with list of items to bring, check-in times, map & insulin log

411: Dave Okubo, Camp Director, 801 566-6913 voice message, no text **FCYD Camp UTADA, 1995 W 9000 S, W.Jordan UT 84088**

keep this page for your records – page 0 of 0

FCYD Camp UTADA – SUMMER 2020 – registration page 1 of 5 – CAMPER												office use: date _____ ck cc csh _____ fee \$ _____ sib \$ _____ forms _____ g-mail _____ dbase _____	
FCYD Camp UTADA 1995 w 9000 s West Jordan UT 84088 fill out, sign & return all 5 forms with your full payment or deposit to the address above. recommended due date: 1 week B4 your camp begins – late registration? call Dave O, Camp Director, 801 566-6913													

last name	first name	gender	t-shirt size (circle)	mens small	mens medium	mens large	mens XL	mens 2X	mens 3X	
camper e-mail				youth XS 2-4	youth small 6-8	youth medium 10-12	youth large 14-16			
camper cell #	camper home #		age at camp	birth date		school name				
mailing address			city				st	zip		

1 st guardian full name	2 nd guardian full name
1 st guardian email	2 nd guardian email
cell phone	work phone
1 st guardian employer	2 nd guardian employer

Have you been to FCYD: Summer or Winter or Family Camp before ?	YES	NO	If YES, Please List Your first YEAR at camp:	If YES, Please Circle summer winter day camp family camp
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CABINMATES: (your cabinmate must also fill out a registration forms)

- You may chose ONE cabinmate and ONE alternate.
- Your choices must be WITHIN 12 MONTHS of your age. This keeps same age campers in the same cabin groups. Exceptions must be approved.
- We make every effort to accommodate all the requests. No guarantees will be made because of the many choices and combinations that will occur.
- We may not be able to honor your request if you LIST TOO MANY CHOICES or if this form is received after the registration due date listed above.

1 st Cabinmate (list only one)	Has your cabinmate signed up for camp ? YES NO	Alternate Cabinmate choice (list only one)
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YES	NO	Do you have CELIAC DISEASE or GLUTEN INTOLERANCE ? (see also page 5)	LIST OTHER DIETARY RESTRICTIONS:
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diabetes doctor's last name	first	diabetes doctor's phone number
insulin circle	Novolog Humalog Admelog Apidra Basaglar Lantus Toujeo Tresiba	Vial Pen Cartridge Other:
meter circle	Lite One Touch Ultra Contour	Other:
pump circle	T-Slim Animas Ping Medtronic/Minimed: 522/722 523/723 530G 630G 670G	Other:
site circle	AutoSoft 90 AutoSoft 30 AutoSoft XC VariSoft TruSteel Inset Inset 90 Mio Quick Set Silhouette Sure T	
sensor circle	Libre Dexcom G6 Dexcom G5, G4 Medtronic/Minimed Enlite Medtronic/Minimed Guardian	Other:

← List your **SCHOOL GRADE**, as of this spring – and **CIRCLE YOUR CAMP SESSION(S)** below:

CAMP SESSIONS:	SESSION 1	SESSION 2	
Circle your Camp(s)	Camper grade 2-7	Camper grade 2-7	FCYD EXPERIENCED 8TH GRADERS download teen leader registration DAY CAMPERS download day camp registration
AND	July 19 - 23	Aug 2 - 6	
KEEP THIS PAGE	sat 8 am - thu 6 pm	sat 8 am – thu 6 pm	
	Camp Kiesel, Ogden Canyon	Camp Kiesel, Ogden Canyon	

SESSION 1,2 FEES: \$150 total camp fee. A minimum \$30 DEPOSIT is DUE NOW. For campership (sponsorship) information, see the box below.
 Write a check payable to **"FCYD CAMP FEES"**. Do not include ski or store money. (Deposits are non-refundable in some cases.) (\$30 return check fee.)

CIRCLE YOUR CAMP FEE:	\$150	Early Registration Camp fee – forms must be received and fee paid in full, 2 weeks before your camp session. The \$190 fee is substantially reduced by donations to FCYD, our 501c3 non-profit, all volunteer organization.
	\$150	Regular Camp fee for the full summer and any combination of 5 sessions.
	\$200	Very Late Camp Fee
	\$300	Our true cost per camper. If you are able, camp appreciates additional payment up to the true cost up to \$300

CAMPERSHIPS (Sponsorships) are available to anyone. **A DEPOSIT IS REQUIRED**, (usually \$40, send less if needed.)
 The campership amount is based on total family income, the number of household dependent family members, and other special circumstances.
 Please fill out all 3 spaces below, so we can determine your campership. Use the reverse side for other information or unusual circumstances.
 Campership funds come from donations to our Campership fund.

\$	← Enter total monthly family income before taxes, all sources	#	← Enter number of family members and household dependents	\$	← Enter \$ amount you are requesting for your campership
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SKIING/BOARDING SURVEY circle yes/no circle ability	YES NO Snowboarding YES NO Skiing YES NO 1 st Timer Lesson	FIRST TIMER never been, once a year you get to take a lesson!	BEGINNER been a few times flat, easy green runs, ○	INTERMEDIATE been many times, years most terrain, blue runs, □	ADVANCED been many, many years any terrain, steep, black ◇
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REGISTRATION INSTRUCTIONS: Complete and sign and return all 5 forms, with the full camp fee no later than 2 weeks before your session. Deposits are not refundable in some cases. Refunds will not be given if you cancel after 1 week before camp starts. Space on a first come first serve basis. Sessions may fill up, send your form soon.

EMAIL to: FCYDCamp@gmail.com **HAND DELIVER:** 1995 W 9000 S, W.Jordan UT 84088, **USPS mail might not make it on time.**

Call the camp office 801 556-4432 to make payment, mon-thu, 10-5 pm. If you get the voicemail, leave a message.

411: Dave Okubo, Camp Director, 801 566-6913 voice message, no text. FCYD Camp UTADA 1995 W 9000 S West Jordan, UT 84088

signature of parent or guardian (required)	date	camper's full name	page 1 of 5
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PROFILE - FCYD Camp UTADA - CAMPER

This profile has been designed to help the counselors & staff make your camp experience more fun & successful. This confidential form will be available to the counselors/staff of camp to review prior to the arrival of the campers.

CAMPER SECTION: (this section is to be filled out by camper)

List your favorite color.	
List your favorite food.	
List your favorite animal.	
List any hobbies.	
List any sports you like to play.	
What is your favorite thing to do when you "play"?	
List something special about yourself.	
What do you want to be when you grow up?	
If you HAVE BEEN to camp, what is your FAVORITE thing about camp?	
If you HAVE BEEN to camp, what is your LEAST FAVORITE thing about camp?	
If you have NOT BEEN to camp, what are you LOOKING FORWARD TO at camp?	
If you have NOT BEEN to camp, what are you NOT LOOKING FORWARD to at camp?	
If you have an E-Mail address, list it here: (visit the Camp web site www.fcydcamputada.org)	
List one or two items you would like to <u>learn</u> about at camp this year.	

PARENT SECTION: (this section is to be filled out by parent or guardian)

Is this the campers first significant time away from home? Are there any reservations about coming to camp?	
Any reservations regarding the camper's diabetes? (eg. shots, meals, etc. It is not required that campers give his/her own shots.)	
Does the camper have any nightmares, night terrors or other problems with sleep (such as enuresis) at night?	
Are there any camp activities in which you do not want the camper to participate?	
Any special needs or disabilities we should plan for? (eg. staffing, education, mobility, peer relations, medical, etc.)	
List any major changes in the family's or camper's life during the past year (move, divorce, school, etc.)	
Are there any other concerns or issues of which you or The camper would like us to be aware of?	
(For female Campers) Has the camper menstruated? If not, has she been told about it?	
List something special about your camper.	
Let us know if there is anything else we can do to make your camper's stay with us more successful.	
List one or two items you would like your camper to <u>learn</u> about at camp this year.	

THESE BOXES MUST BE DATED AND SIGNED BY CAMPER AND PARENT OR GUARDIAN ! --->	today's date	
	guardian signature	
	camper signature	
circle session(s) 1 2 3 4 5 6 7 A B C	print camper full name	

RESPONSIBILITY CONTRACT - FCYD / UTADA - CAMPER

BOTH CAMPER AND PARENTS MUST SIGN THIS FORM.

Read the following for which you, as a camper, are responsible. (Parents should read/discuss rules with campers.)

If you break any of the rules in the first box below, one or all of the following will occur:

1) You will be placed on probation, and/or 2) Your parents will be called and/or 3) You will be sent home immediately, forfeiting your camp fee and/or 4) You will be restricted from other camp activities.

1. I will talk with my counselor or unit doctor/dietitian every day.
2. I will talk with my counselors or medical staff prior to taking any insulin.
3. I will talk with my counselors or medical staff before changing any insulin dose.
4. I understand that not following an agreed upon plan may be dangerous to my health.
5. I will be in my cabin at the designated curfew time.
6. I will not hit or fight.
7. I will not be involved intimately with another person at any time.
- 8* I will not enter another person's cabin.
- 9* I will not bring candy or snacks to camp. Candy/snacks brought to camp will be confiscated & not returned.
10. I will not smoke, use alcohol or drugs.
11. I will not swear or use vulgar language at camp.
- 12.* I will follow the dress code at camp.
- 13* I will not bring to camp or use stereos or boomboxes with speakers.
14. I understand that campers cannot have visitors at camp.
15. I will not use the camp phone without permission from the camp director.
16. I will not touch another person's property AND I will not steal.
17. I will not bring firearms, fireworks, lighters, matches, knives or slingshots or animals to check-in or camp.
18. If I drive to camp, I will not use my vehicle during camp.
19. If I drive to camp I will leave all my keys with the camp director.
20. I understand that if I am sent home, my full camp fee is forfeited.

OTHER GENERAL RESPONSIBILITIES:

1. Be responsible for testing & recording blood tests 4 times a day for one week PRIOR to camp.
2. Be responsible for testing & recording blood tests 4 times a day DURING the camp session.
3. Medical rounds will be held daily to go over blood sugars, insulin doses and meal plans.
4. Doctors, dietitians, educators, counselors are available to answer questions about your diabetes management
5. Be aware of what you eat & following your meal plan. Talk with your dietitian to change your meal plan.
6. Record your food intake after each meal and snack.
7. Participate in cabin, unit and camp activities.
8. Participate in cabin, unit and camp education programs.
9. Clean up after yourself. Participate in cabin and campus clean up activities.

OTHER SPECIFIC RESPONSIBILITIES:

10. Let your counselor know where you are at all times.
11. Stay with a partner. Do not wander off alone.
12. Follow camp curfew: If you need to leave the cabin after curfew get the "POTTY PASS" from your counselor.
13. 2 campers can be out on "POTTY PASS" at a time. You can only be in the potty or infirmary.
14. Announcements are made at meals. Listen carefully so you will know the plan for the day.
15. Help your counselors and cabin to be on time.
16. The kitchen is off limits to campers, counselors and staff.
17. Respect the property of other's and respect the camp property and grounds.
18. Be aware of & obey the Camp Wapiti, Camp Red Cliffe, Camp Kostopulos and Zion Ponderosa ground rules.
19. Stay within the camp boundaries.
20. No throwing rocks or sticks.
21. All meals/snacks are provided. If you are hungry or need more food, let your counselor or dietitian know.

ADDITIONAL WINTER CAMP RULES

22. I will always wear a bandanna on my leg while skiing/boarding. (Bandanna will be provided by FCYD Camp.)
23. I will always ski/snowboard with a counselor or staff (teen session camper may ski/snowboard with a buddy.)
24. If I get separated or lost while skiing/boarding I will wait at the bottom of the last ski lift or go to the lodge.

This form must be signed by both Camper/Parent/Guardian. Without this form, signed by the Camper & Parent/Guardian, you will cannot to check-in and will have to miss camp. By following these rules you will be setting a good example for your fellow campers and you will be learning more about your diabetes management.

By signing I signify that I have read, understand & will follow the rules as stated above:	today's date	
	guardian signature	
	camper signature	
circle session(s) 1 2 3 4 5 6 7 A B C	print camper full name	

MEDICAL INFORMATION / CONSENT - FCYD - CAMPER

PARENTS/GUARDIANS of campers, please complete, SIGN and return this form with your other medical, dietary & registration forms. It must be received by the DUE DATE to reserve your space at camp. PLEASE DO NOT FAX!!.

camper height	camper weight	age	sex	years with diabetes
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INSULIN DOSE, INJECTIONS, TESTING (For Diabetics Only, NON-diabetics skip to MEDICAL HISTORY) 5/06

List meal, time of day, types of insulin, dose
(eg: Breakfast, 7:00 am, 6 Regular, 12 NPH)

Circle insulin type..... NOVO BRAND or LILLY

Does the camper draw and mix his/her own insulin dose?..... NO WITH HELP YES

Does the camper give his/her own injections?..... NO WITH HELP YES

Does the camper do his/her own blood testing?..... NO WITH HELP YES

Type of blood testing meter..... Please bring your meter and finger poker to camp, and label it PERMANENTLY with your name.

Describe any difficulties with diabetes control:

INSULIN PUMP INFORMATION (For Diabetics On Pumps Only)

How long have you been using your insulin pump ?

What type of pump are you using ?

What type of infusion site / tubing are you using ?

Where do you like to insert your site ? (stomach, arm, etc.)

How often do you change your pump infusion site ?

How often do you change your insulin cartridge ?

Do you need help with changing your infusion site ?

Do you use an insertion device to put in your infusion site ?

Do you use any special tape prep to secure your pump site ?

Have you had an site infection that has needed antibiotics ?

Is there any additional help you need with your pump care ?

INSULIN REACTIONS (For Diabetics Only)

List the first symptoms of hypoglycemia (insulin reaction)?

When are reactions most likely to occur?

When was the last severe reaction?

When does the camper recognize symptoms & treat them?..... SELDOM OCCASIONALLY ALMOST ALWAYS

What is the camper's activity level?..... INACTIVE ACTIVE VERY ACTIVE

What type of activities and how often?

Are there any limitations on activity?

MEDICAL HISTORY (For ALL Campers) At check-in, tell the camp nurse of any exposure to a contagious illness 3 weeks prior to camp.

List any other medical problems

List any other chronic illnesses

Significant operations or injuries

Are there any limitations on activity?

Other medications and times of day taken

Medication allergies or reactions

Other allergies

List the date of the campers last Tetanus booster

Immunizations: Are all other immunizations up to date?..... NO YES

Have you received a second MMR (Measles, Mumps, Rubella) shot?..... NO YES

Has the camper been fully immunized against Hepatitis B?..... NO YES

If you claim immunization exemption and there is an epidemic as declared by the Health Department or the camp director, you may be dismissed.

Doctor Name	Doctor Phone	Dentist Name	Dentist Phone
Insurance Company		Policy Number	Group Number
1st Parent or Guardian	Home Phone	Work Phone	Cell Phone
2nd Parent or Guardian	Home Phone	Work Phone	Cell Phone
Other Emerg. Person	Home Phone	Work Phone	Cell Phone

CONSENT TO PARTICIPATE - (to be filled out by the Parent / Guardian of ALL Campers)

TREATMENT AUTHORIZATION: I hereby give permission to the camp physician to obtain treatment, X-rays & lab tests for my/my child's health, and in the event an above parent/guardian, spouse/emergency person cannot be reached in an emergency, give permission to the camp physician secure proper treatment for, and to order injection, to hospitalize, anesthesia and surgery for myself/my child as named above. I also give permission to share medical information with the camp directors, including David Okubo, MD, Sherrie Hardy, RD, Nate Gedge and/or Elizabeth Elmer, all members of the board of trustees. I give consent for the Camp Physicians to regulate my/my child's diabetes as needed to maintain good health while at camp.

PHOTOGRAPHS / ADDRESSES / PHONE NUMBER: I also give consent for the Foundation for Children and Youth with Diabetes (FCYD) to use pictures and/or videos taken at camp for camp publicity purposes and to list my / my child's name, address, phone number and e-mail on the camp mailing list which is given out at the end of camp. (Our list is not distributed or sold.)

FCYD DIABETES MANAGEMENT POLICY: Campers and their parent/guardian will have an opportunity to meet with the unit doctor, dietitian, camp nurse and pharmacist at check-in and check-out to discuss diabetes management and other medical issues. Medical rounds are held on a daily basis - with the unit doctor, dietitian, cabin counselor and/or campers - to discuss blood sugars, insulin doses and other medical issues. At that time, the camper and staff can agree upon diabetes treatment plan for the next day. (Deliberately not following the agreed upon diabetes regimen may be dangerous to the camper's health.) All campers will consult with their counselors and/or the medical staff prior to taking any insulin or changing any insulin doses. Campers will test and record blood at least 4 times a day and will be aware of what they eat, follow a meal plan and record their food intake for each meal and snack.

CONSENT TO PARTICIPATE: The information on this form is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted by myself and the camper's own physician. I am aware that participation in skiing, tubing and other snow related activities and water activities related to power boats at camp are well supervised but may not be covered by FCYD camping insurance policies. I therefore understand the above policies and risks, allow participation at my own risk and assume the responsibility for any activity related injuries. Also, I am aware that the FCYD is not responsible for lost, stolen or damaged personal articles.

SIGNATURE REQUIRED of Parent or Guardian if Camper is a Minor	today's date	
	guardian signature	
	camper signature	
circle camp sessions: 1 2 3 4 5 6 7 A B C	print camper full name	

MEAL PLAN INFO - FCYD Camp UTADA - CAMPER

This form is for ALL CAMPERS, COUNSELORS, and PROFESSIONAL STUDENTS
NON DIABETICS, fill out the first TWO boxes below, sign the bottom.

NAME _____ AGE _____ HEIGHT _____ WEIGHT _____ Sex _____ School Grade _____

Circle your camp session(s): 1 2 3 4 5 6 7 A B C Today's Date _____

0. LIST HERE, any SPECIAL DIETARY RESTRICTIONS such as CELIAC
lactose intolerance, food allergies, low sodium, protein or fat:

1. Circle the meal plan system you are using: CARB COUNTING CHOICE COUNTING OTHER _____
2. Are you using a carbohydrate ratio (eg. 1 unit Humalog for 15 grams carbohydrate or carb choice)..... YES NO
3. Are you modifying your insulin based on what you are eating?..... YES NO
4. What changes would you like to make on your meal plan? _____
5. Do you need more to eat on your meal plan?..... YES NO
6. Are you getting too much to eat?..... YES NO
7. Are you currently using an insulin pump?..... YES NO
8. Are you currently using an Lantis insulin?..... YES NO
9. Have you seen a dietitian in the past year?..... YES NO

ENTER YOUR MEAL PLAN BELOW (list grams of carbohydrate or choices/exchanges)

Please fill out your current meal plan in the box below. RETURN THIS FORM WITH YOUR MEDICAL PAPERS.

- 1) List the usual times that you eat your meals and snacks in the top boxes.
- 2) Fill in the boxes with the number of "carbohydrate grams" or "choices" for each meal and food group.

list eating times----->	breakfast _____am	AM snack _____am	lunch _____am	PM snack _____pm	dinner _____pm	bed snack _____pm
average <u>GRAMS</u> carbohydrate <u>STARCH</u> : - or - average starch choices						
average <u>GRAMS</u> carbohydrate as <u>MILK</u> : - or - average milk choices						
average <u>GRAMS</u> carbohydrate as <u>FRUIT</u> : - or - average fruit choices						
meat choices						
total <u>GRAMS</u> of carbohydrate						
total <u>choices</u> of carbohydrate						

FCYD Camp UTADA - DIETARY / FOOD SERVICE POLICIES

1. A computerized individual meal plan will be developed, based on your present meal plan, 2 day food intake record & your height/weight.
2. All campers and counselors will be asked to follow a meal plan while at camp and record what they are eating.
3. Each camper & counselor will be assigned to a unit dietitian who will assist them during meals/snacks as needed.
4. The dietitian will review meal plans and intake records with the campers and counselors at check-in, at camp and at check-out.
5. All meals and snacks will be provided at designate times. Do not bring food or snacks to camp.
6. Additional foods will be available at the infirmary for those with low blood sugars. Do not go to the kitchen to treat low blood sugars.
7. Check with the dietitian during check-in to review any specific dietary concerns you might have.
8. Please alert the dietitian of any significant food dislikes or allergies during check-in or during camp.
9. There will be a copy of the camp menu available for you to review during check-in and for use during camp.

camp staff notes:	today's date	
	guardian signature	
	camper signature	
	print camper full name	
circle sessions: 1 2 3 4 5 6 7 A B C		