

NATIVE HEALTH Diabetes Education Program

living well traditionally

# Diabetes Prevention Youth Camp

**June 6-10, 2016** (ages 12-13) • **June 20-23** (ages 9-11)

Dear Parents,

NATIVE HEALTH is pleased to announce two Living Well Traditionally Youth Diabetes Prevention Camps this year. Due to the overwhelming request for additional children and age ranges, NATIVE HEALTH will have two camps, **June 6-10 for Native American youth 12-13** and **June 20-23 for Native American children 9-11**. The camp will be held again at Camp Colley, north of Payson, AZ.

**There is a \$60 registration fee per child. Applications will only be accepted when all forms are completed and registration fee is paid.** Please read the entire packet with your child so everyone will have a successful and enjoyable time. **All physicals must be completed by a NATIVE HEALTH medical provider.** Deadline for applications is **Friday, April 15, 2016.**

NATIVE HEALTH is entering its sixteenth year of providing the tools necessary for our American Indian/Alaskan youth to reduce the risk of developing Type 2 Diabetes Mellitus. In addition to offering a fun outdoor camping experience, the LWT Summer Camp will also provide instruction on the importance of nutrition, physical activity, self-esteem and Diabetes prevention.

Behavior and discipline problems affect the entire camp structure and other children's camping experience. Parents will be contacted in the event behavior problems arise, and campers may be dismissed and will have to be picked up by the parent/guardian at the camp, at your own cost.

Please do not mail or send any food, drinks, candy or gum for your camper. We do not allow food in the living units because these items attract rodents or wildlife. We will supply three meals as well as morning and afternoon snacks with healthy drinks.

LWT Summer Camp is a place for safe, wholesome fun and learning. We are dedicated to keeping it that way. Thank you for sharing your camper with us and we will be working very hard to make sure they have a great time at Camp Colley this summer.

If you have any questions please call Sabrina Avila at **(602) 279-5262 ext. 3109**, Monday through Friday 8 a.m. – 5 p.m., or email: **Savila@nachci.com**. If you have a Yahoo email account, we are not able to communicate with you. Please use an alternate email and include a phone number.

Thank you,

Deanna Sangster  
Health Service Administrator  
NATIVE HEALTH

# Youth Camp

**June 6-10, 2016** (ages 12-13) • **June 20-23** (ages 9-11)

## Camp Rules

1. Profanity will NOT be tolerated.
2. Drugs, alcohol, cigarettes, fireworks, firearms, knives or weapons of any kind are prohibited.
3. Suggestive, bullying or aggressive behavior or malicious pranks will NOT be tolerated.
4. **NO** hair dryers, curling irons, **CELL PHONES**, walkie-talkies, radios, OR music devices.
5. Please do not bring any electronic devices (iPod/iPad/Kindle, etc.). We are NOT responsible for theft.
6. **NO** food or drinks allowed on trip or in cabins.
7. Be on time to activity classes, meals and evening events.
8. Practice the buddy system at all times.
9. Graffiti will **NOT** be tolerated in cabin walls, etc. The offender will be responsible for cleanup and repair.
10. Parents will be allowed on camp site with prior notification to the Camp Director to ensure safety of all campers.
11. Camper's parents are not allowed to be a chaperon.

## Cabin/Housing

- Campers stay with other campers of the same gender and similar age
- Campers sleep in tents on cots or in sleeping bags
- Two Team Leaders are assigned per group with youth of same gender

## Camp Activities

- Archery
- Group Cooking/Nutrition
- Team Building Activities
- Moqui Ranch Hiking
- Swimming
- Canoeing
- Native American Cultural Activities
- Horseback Riding
- Arts and Crafts
- Outdoor Living Skills
- Climb the Fire Tower
- Camp Fire Programs
- Mountain Biking
- Night Hikes
- Group Skits
- Crowddadding
- Wading at the Creek
- Diabetes Prevention
- Scavenger Hunts

## Home Sickness

Know that your child will get homesick. Team Leaders are trained to recognize homesickness and know how to cheer up campers and get them back on the right track. If homesickness becomes extreme such as not eating or crying all the time, you will be contacted to reassure them or pick them up. You may pack comforting items such as a stuffed animal, family picture, etc. Please be on time to pick up your child from the pick-up site so they do not feel bad being the last to be picked up.

# Youth Camp

**June 6-10, 2016** (ages 12-13) • **June 20-23** (ages 9-11)

PLEASE PRINT CLEARLY

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Please check which date child will attend:  June 6-10, 2016 (ages 12-13)  June 20-23 (ages 9-11)

Name of Parent/Guardian \_\_\_\_\_

Address of Parent/Guardian \_\_\_\_\_

Home phone/cell phone: \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_ Emergency Contact Email \_\_\_\_\_

Tribe Name \_\_\_\_\_ Tribal Enrollment # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician Phone \_\_\_\_\_

Application Fee: \_\_\_\_\_  Paid T-shirt Size (indicate adult or child sizes) S M L XL XXL Adult Child

Do you know if any of your family members have or had diabetes?  Yes  No If yes, please list what is their relationship to child? (mother, father, uncle, grandmother, etc.) and which type of Diabetes they were diagnosed:

	Type 1	Type 2	Type 1	Type 2

**By signing this form, my child and I agree that he/she will abide by the citizenship standards of the events, including maintaining a cooperative attitude. We also agree that absolutely NO tobacco, liquor, weapons or illegal drugs may be brought, used or possessed during the session. The Activity Director has the sole discretion of dismissing any child for behavior detrimental to other participants. I understand that, should my child be dismissed for disciplinary reasons that cannot be resolved, Parent or Sponsor will be notified and expected to pick up his/her child immediately. Parents or Guardians will be held financially responsible for all damages caused by said child.**

- I hereby give my permission to the Native American Community Health Center, Inc. (dba NATIVE HEALTH), the right to use, publish, or share images of me or my child in any media (e.g., photographs, digital images, video, audio, Internet, internal materials, or other promotional materials) to be used solely for the purposes of carrying out the NATIVE HEALTH mission. I understand that using the image will be the property of NATIVE HEALTH. I also give permission for NATIVE HEALTH to share these images with other organizations, affiliations, or partnerships such as Indian Health Service, HRSA, CDC, etc. I am providing these services to NATIVE HEALTH without financial compensation and will not make any claims against NATIVE HEALTH for compensation of these services.
- I understand that there may be more applicants than places and acceptance is not automatic. A physical examination by a NATIVE HEALTH medical provider and all completed forms are required prior to camp participation. Signed forms must be received by Friday, April 15, 2016.**
- In the event my child is injured, I hereby authorize the Activity Director/Camp Staff to act on my behalf in arranging for medical care (unless otherwise specified) at my expense in any case regarding this child which in their opinion requires diagnosis and/or treatment. Emergency contacts will be notified of any injuries/illnesses.
- I release the NATIVE HEALTH, its directors, staff, volunteers and contracted personnel - Camp Colley Foundation, its officers, directors and other personnel and volunteers, from all liability for any injury which may result from any activity, equipment and/or first aid treatment.

With my Signature, I certify that I have read and understand the information provided on the form, and that I accept the terms and conditions. I waive all rights and claims for damages against NATIVE HEALTH, and Camp Colley Foundation which may result during the Living Well Traditionally Camp.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

# Youth Camp

June 6-10, 2016 (ages 12-13) • June 20-23 (ages 9-11)

Does your child have any allergies to? Animals or Insects Foods Medications Outdoors

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

Does your child require any special diet or restriction of certain foods? Yes No If yes, please list: \_\_\_\_\_

\_\_\_\_\_

## Medication (over the counter and prescription)

What medications does your child take daily or on an "as needed" basis? (please include inhalers for asthma, eye drops, nasal spray, allergy pills, prescription medications). **All medications must be placed in a clear, re-sealable zipper storage bag with all medications marked individually with their name and dosage information:**

Medication \_\_\_\_\_  
Type \_\_\_\_\_  
Dosage \_\_\_\_\_  
When and How Often? \_\_\_\_\_

Medication \_\_\_\_\_  
Type \_\_\_\_\_  
Dosage \_\_\_\_\_  
When and How Often? \_\_\_\_\_

Medication \_\_\_\_\_  
Type \_\_\_\_\_  
Dosage \_\_\_\_\_  
When and How Often? \_\_\_\_\_

Medication \_\_\_\_\_  
Type \_\_\_\_\_  
Dosage \_\_\_\_\_  
When and How Often? \_\_\_\_\_

## Behavioral Health issues

Has your child been away from home for more than one night? Yes No

Does the child have any physical restrictions? Yes No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Does the child have any history of sexually acting out behaviors? Yes No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Does the child have significant phobias or fears? (i.e. animals, night time, etc.) Yes No If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

Does the child have any history of having been bullied by others? Yes No

Has your child diagnosed with a mental health condition or have behavioral issues (aggressiveness, defiant to authority, hyperactivity, poor peer interaction)? Yes No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

## Physical Activity

How many hours a day does your child do the following: \_\_\_\_\_ Watch TV \_\_\_\_\_ Play Video Games \_\_\_\_\_ Computer

Does your child like physical activity, outdoor play, or playing sports? Yes No

What are the things that get in the way of doing more outdoor activities or active play for your child and your family? (barriers to physical activity)  
\_\_\_\_\_

How many hours of sleep per night does your child usually get? \_\_\_\_\_

# Youth Camp

**June 6-10, 2016** (ages 12-13) • **June 20-23** (ages 9-11)

**Please fill out before being seen by a NATIVE HEALTH medical provider**

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Birth Date \_\_\_\_\_  Male  Female  
 Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ email address \_\_\_\_\_  
 Alternative contact name \_\_\_\_\_ Alternative phone \_\_\_\_\_

**Health History**

General health of your child:  Good  Fair  Poor  Explain \_\_\_\_\_

Has either parent ever been diagnosed with diabetes?  Yes  No

Did child's mother have diabetes while pregnant?  Yes  No If Yes-Birth weight \_\_\_\_\_

**PLEASE CIRCLE** if your child has ever been diagnosed with the following:

- |                         |                        |                             |                    |
|-------------------------|------------------------|-----------------------------|--------------------|
| Asthma                  | Heart Defect/Disease   | Diabetes                    | Hypertension       |
| Frequent Ear Infections | Seizure or Convulsions | Bleeding/Clotting Disorders | Seasonal Allergies |

Other: \_\_\_\_\_

Operation or serious injuries (dates) \_\_\_\_\_

**Physical Examination: Must be completed by a NATIVE HEALTH medical provider**

Immunizations status: <input type="checkbox"/> Current <input type="checkbox"/> No	<b>Sensory Screen</b>	
Height: _____ ft _____ in/cm	Last Tetanus (Date): _____	Vision normal? <input type="checkbox"/> Yes <input type="checkbox"/> No
BMI %: _____	Blood Pressure: _____	Right: _____ Left: _____
Weight: _____	Heart Rate: _____	Hearing/Speech normal? <input type="checkbox"/> Yes <input type="checkbox"/> No

	Normal	Abnormal	Comments
ENT			
Teeth			
Neck			
Heart			
Lungs			
Abdomen			
Skin			
Extremities			
Spine			
Vascular			
Neurology			
Sexual Dev.			

<b>Development Assessment</b>
Is development appropriate for age <input type="checkbox"/> Yes <input type="checkbox"/> No
Referred to: _____
Sport Restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify limitations: _____

Clearance for 2016 Camp, School & Physical Activity?  Yes  No

Medical Provider's comments: \_\_\_\_\_  
 \_\_\_\_\_

NATIVE HEALTH Provider signature

print name

date