

# FCYD Camp UTADA – Summer 2022 – STAFF (grade 12+)

FOUNDATION for CHILDREN and YOUTH with DIABETES • Utah's Accredited Diabetes Camps • 1995 w 9000 s • W Jordan, UT 84088

**PHOTOS NOT ACCEPTED** EMAIL to: [FCYDCamp@gmail.com](mailto:FCYDCamp@gmail.com) DELIVER, mon-thu, 10-5: 1995 W 9000 S, W. Jordan UT 84088

**COVID SAFETY** rules will be dependent on current CDC recommendations. **SEE page 3 attached.**

## STAFF REGISTRATION INSTRUCTIONS:

Attached is a 6 PAGE REGISTRATION: STAFF, COUNSELORS, FOOD SERVICE VOLUNTEERS, **finished with high school.**

**DUE DATE (recommended): MAY 21.** LATE REGISTRATION? – call Dave O at the number below.

Please **DO NOT PRINT** double sided. RETURN all **6 forms attached.** **KEEP THIS PAGE 0** for your records.

**BUDDIES, COUSINS, SIBS** can attend any session as volunteers (or campers, download camper forms).

## VOLUNTEER – FAMILIES, PARENTS, SIBLINGS, FRIENDS – we need your help!

Transportation, skiing, snowboarding, snowshoeing, snowmobile, food service staff and dishwashers.

New to camp? Exceptions will be considered by the camp director, see below.

High School graduates and older, fill out these **STAFF FORMS.** Grade 11 and under, fill out **TEEN LEADER FORMS.**

<b>CAMP SESSIONS:</b>	<b>SESSION 1</b>	<b>SESSION 0</b>	<b>SESSION 2</b>	<b>SESSION 3</b>	<b>SESSION 4</b>	<b>FAMILY CAMP</b>
Circle your Camp(s) and <b>KEEP THIS PAGE do not return</b>	Camper grade 2-7 Jun 18 - 24 sat 8 am - fri 8 pm Camp Red Cliffe, Ogden Experience recommended	Camper grade 7-12 Jun 25 - Jul 1 sat 8 am - fri 8 pm Camp Red Cliffe, Ogden Experience required	Camper grade 2-7 Jul 16 - 22 sat 8 am - fri 8 pm Camp Kiesel, Ogden	Camper grade 1-5 Jul 22 - 27 fri 5 pm – wed 5 pm Camp Tracy, SL C	Camper grade 2-7 Jul 30 - Aug 5 sat 8 am - fri 8 pm Camp Kiesel, Ogden	Camper age 0 - grade 6 September TBA Salt Lake TBA Details TBA

**CIRCLE SESSIONS ABOVE. KEEP THIS FORM FOR YOUR RECORDS. CAMPER GRADES ARE BASED ON THE GRADE COMPLETED.**

**FCYD Camp UTADA**, sponsored by the Foundation for Children and Youth with Diabetes, is a 501c3 non-profit, all volunteer organization with summer & winter camps, family camps, day camps & teen leader programs and is accredited by the American Camp Association and members of Diabetes Education & Camp Assoc.

**COUNSELORS AND STAFF, 18 and OVER** may register for any combo of sessions 0,1,2,3,4 and/or family camp. **Day help** may sign up any session, please list days.

**TEEN LEADERS, GRADES 8-12** may register for any of the above sessions, in any combination, 1-6 sessions.

**ORIENTATION IS REQUIRED** during the first day of each session before the campers arrive to discuss policies, procedures, and diabetes at camp.

**PROFESSIONAL STUDENTS** may register for sessions 1,2,3,4

**6 SESSIONS OF SUMMER CAMP** will be held at 3 sites, Camp Red Cliffe, Ogden Valley, Mount Pleasant, at Camp Tracy, Emigration Canyon and at Camp Kiesel, East of Ogden and Pineview Reservoir. Drive times: Red Cliffe 1hr 15min, Tracy 20min, Kiesel 1hr 20min. Camp Red Cliffe, 20 small cabins, shower house, a large pool, outdoor dining. Camp Tracy is 20min up Emigration Canyon, has 9 cabins, huge lodge for activities and dining, shower house, pool and archery range. Camp Kiesel, 1hr 20min, has 10 cabins, lodge for dining and activities, a campfire area, a fishing pond, and swimming, archery range. We plan on 50 to 70 campers and 30 to 50 staff each session. The Day Camps will be held in tandem with session 1, 2, 3 and 4. 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.

**FAMILY CAMP:** Family camp will be held on the weekend in September, 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 – grade 6.

**SUMMER CAMP ACTIVITIES AT CAMP MAY INCLUDE:** Archery, Crafts, Field Sports, Volleyball 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, Nite Hike, Night Games, Camp Parties, Lake Day, Relays, ADATU Book of Records, Relays, Tournaments, fun, fun, fun and more, more, more!

**WINTER CAMP:** Four sessions will be held starting in December, at Brighton Ski Resort! We plan on 20-40 campers and 10-20 Staff each session. The staff includes counselors, program/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 junior counselors from our Teen Leader Program. Staff Orientation is the day before the first day of camp. Campers arrive after dinner followed by camper orientation and a whole camp activity. On the 2 middle days you will have the option of either in camp activities with field trips or go skiing/boarding to Brighton. The whole weekend is spent doing camp activities, field trips, skiing, snowboarding, snowshoeing, tubing, and having a good time. We will be learning how to handle diabetes during vigorous winter activities while renewing friendships and making new ones. This is a great time to learn how to ski or snowboard. Lift tickets & rentals will be 50% off! On the last morning we pack up, clean up and go home.

**WINTER CAMP ACTIVITIES INCLUDE:** Regular camp activities: arts and crafts, workshops, camp parties, snow shoeing. Out of camp activities include: skiing, snowboarding, ice skating, field trips. **LESSONS ARE FREE** for first timer staff and teen leaders, if you help staff the first timers after their lesson.

**WINTER CAMP INFORMATION:** **LIFT PASSES, LESSONS and EQUIPMENT RENTAL** are additional cost items. Prices are about half off (subject to change) and may be less, depending on sponsor donations. **EQUIPMENT RENTAL** Information will come in your final packet.

Adult Lift Pass, 19 and older is \$60 (regular \$119)

Youth Lift Pass, 11-18 is \$35 (regular \$69)

Kid lift pass, 10 and under is \$0 (free!)

First timer Ski/Snowboard Lessons & lift pass, 4-12 are \$35 (regular \$70)

First timer Ski/Snowboard Lessons & lift pass, 13 and older are \$60 (reg. \$69+\$60)

First timer Teen Leader & Staff Lessons are \$0 (you must buy Lift Pass & ski with kids)

### CAMP SIGN UP PROCESS:

4-8 weeks before camp

June 1

1 week before camp

A 3 part process: 1) Registrations download 2) Registrations due 3) Final Info Packet sent out by email

Registration forms are sent out by email and are available on line within a week ([fcydcamputada.org](http://fcydcamputada.org))

Registration forms are due at the office – recommended latest due date 2 weeks before your session.

Final confirmation and information packets will be emailed – with list of items to bring, check-in times, map & insulin log

**PHOTOS NOT ACCEPTED** EMAIL to: [FCYDCamp@gmail.com](mailto:FCYDCamp@gmail.com) DELIVER, mon-thu, 10-5: 1995 W 9000 S, W. Jordan UT 84088

**411:** Dave Okubo, Camp Director, 801 566-6913 voice message, text

KEEP THIS COVER PAGE FOR YOUR RECORDS - page 0 of 0

# FCYD Camp UTADA – Summer 2022 - page 1 of 6 Registration – STAFF (12<sup>th</sup> grade+)

email to: [fcycamp@gmail.com](mailto:fcycamp@gmail.com) deliver, mon-thu, 10-5: FCYD Camp UTADA, 1995 w 9000 s, W Jordan UT 84088

fill out, sign & return all 6 forms to the addresses above.

recommended due date: **JUNE 1** – late registration? call Dave O, Camp Director, 801 566-6913

office use:

date

ck cc csh

fee \$

sib \$

forms

g-mail

dbase

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

what vehicle will you be driving to camp	vehicle color	vehicle make	vehicle model	circle: suv truck car 4x4	are you willing to transport campers and staff during camp? YES NO
total # of seat belts including driver	<b>YES NO ARE YOU ABLE TO HOST ONE OR TWO OUT OF TOWN CAMPERS OR STAFF THE NIGHT BEFORE CAMP?</b>				

place of employment	job title or profession	if you are driving to camp, attach copy of auto insurance. copy attached? YES NO		if you are new to camp, attach a copy of your drivers license / ID. attach copy? YES NO	
are you a student? YES NO	school name	major		graduating year	

<b>YES NO</b>	Do you have <b>CELIAC DISEASE</b> or <b>GLUTEN INTOLERANCE</b> ? (see also page 5)			<b>LIST OTHER DIETARY RESTRICTIONS:</b>		
<b>YES NO</b>	Do you have any special medical needs? If <b>YES</b> , please list here ----->					
diabetes doctor's last name		first			diabetes doctor's phone number	
<b>insulin</b> circle	Novolog Humalog Admelog Apidra	Basaglar Lantis Toujeo Tresiba	Vial Pen Cartridge	Other:		
<b>meter</b> circle	Lite One Touch Ultra Contour	Other:				
<b>pump</b> circle	T-Slim Animas Ping	Medtronic/Minimed: 522/722 523/723 530G 630G 670G	Other:			
<b>sensor</b> circle	Libre Dexcom G6 Dexcom G5, G4	Medtronic/Minimed Enlite	Medtronic/Minimed Guardian	Other:		

**CIRCLE YOUR CAMP SESSION(S)** below:

<b>CAMP SESSIONS:</b>	<b>SESSION 1</b>	<b>SESSION 0</b>	<b>SESSION 2</b>	<b>SESSION 3</b>	<b>SESSION 4</b>	<b>FAMILY CAMP</b>
Circle your Camp(s)	Camper grade 2-7 Jun 18 - 24 sat 8 am - fri 8 pm Camp Red Cliffe, Ogden Experience Recommended	Camper grade 7-12 Jun 25 - Jul 1 sat 8 am - fri 8 pm Camp Red Cliffe, Ogden Experience required	Camper grade 2-7 Jul 16 - 22 sat 8 am - fri 8 pm Camp Kiesel, Ogden	Camper grade 1-5 Jul 22 - 27 fri 5 pm – wed 5 pm Camp Tracy, SLC	Camper grade 2-7 Jul 30 - Aug 5 sat 8 am - fri 8 pm Camp Kiesel, Ogden	Camper age 0 - grade 6 September <b>TBA</b> Salt Lake <b>TBA</b> Details <b>TBA</b>

**SESSION AVAILABILITY:** list the sessions you are available and order of preference:  
 my first choice is session # \_\_\_\_\_ my second choice is session # \_\_\_\_\_ my third choice is session # \_\_\_\_\_ 4<sup>th</sup> choice \_\_\_\_\_ 5<sup>th</sup> choice \_\_\_\_\_ 6<sup>th</sup> choice \_\_\_\_\_

Have you been to FCYD Camp UTADA before? YES NO	IF YES, what was your first year?	IF YES, what was your first session? Summer Winter Day Camp Family Camp
If you are new to FCYD, please list other camp experience:		

**STAFF POSITIONS:**  
 What staff position(s) **AT CAMP** are you applying for?

**COUNSELOR and STAFF CABINMATE:** please list a preferred cabinmate.  
 We may NOT be able to honor your request due to the many choices and combinations that will occur:

**ACTIVITY / PROGRAM SURVEY:** if you would like to provide a special activity, teach a class or share other talents or interest, please describe here:

**LIFEGUARD:** are you a past or current certified lifeguard or water safety instructor? YES NO

**SKI / SNOWBOARD INSTRUCTION:**  
 are you willing to teach campers and staff? YES NO

<b>SKIING/BOARDING SURVEY</b> circle yes/no circle ability	YES NO Snowboarding Skiing 1 <sup>ST</sup> Timer Lesson	<b>FIRST TIMER</b> never been, once a year, free lesson!	<b>BEGINNER</b> been a few times flat, easy green runs, ○	<b>INTERMEDIATE</b> been many times, years most terrain, blue runs, □	<b>ADVANCED</b> been many, many years any terrain, steep, black ◊
--	---	--	---	---	---

**411:** Dave Okubo, Camp Director, 801 566-6913 voice message, text. FCYD Camp UTADA 1995 W 9000 S West Jordan UT 84088

signature of staff (required)	date	full name
-------------------------------	------	-----------

# CONSENT TO PARTICIPATE - RELEASE OF INFORMATION

FOUNDATION for CHILDREN and YOUTH with DIABETES • Utah's Accredited Diabetes Camps • 1995 w 9000 s • W Jordan UT 84088

## REFERENCES

(if you have been to FCYD Camp UTADA before, skip down to the CONSENT TO PARTICIPATE box)

Where or from whom did you hear about camp?

Do you know someone with diabetes?	YES	NO	name	relationship
List one personal reference			name	relationship
List one professional reference			name	relationship
List one school reference (if a student)			name	relationship

## PAST EXPERIENCE

List any Leadership experience and/or skills:

List previous experience working with or counseling children and youth:

Why you want to volunteer at camp?

## CONSENT TO PARTICIPATE

The information on this form is correct as far as I know, and the person herein described, has permission to engage in all camp activities except as noted on the medical form. I understand there are certain inherent risks in some activities, and I allow participation at my own risk and assume the responsibility for any activity related injuries. I am aware that the Foundation for Children and Youth with Diabetes (FCYD) and Camp UTADA are not responsible for lost, stolen, or damaged personal articles. In registering for camp, I agree to attend all orientation sessions. As staff 18 and older, I give permission for FCYD Camp UTADA to do a background check.

## TREATMENT AUTHORIZATION

I give permission to the camp physician to obtain treatment, X-rays, and lab tests for my/my child's health. In the event of an emergency and a listed parent/guardian or spouse/emergency person cannot be reached, I give permission to the camp physician to secure proper treatment and to order injection, hospitalization, anesthesia, and surgery on behalf of myself/my child as named above. I give permission for the Camp Medical Staff to regulate my child's diabetes as needed to maintain good health while at camp. I also give permission to share two way medical and social information with the FCYD Board of Trustees: David Okubo, MD, Nathan Gedge and/or Elizabeth Elmer and with the Camp Staff and my physicians.

## RELEASE OF INFORMATION

My signature below grants permission for two way medical and social information with the FCYD Board of Trustees: David Okubo, MD, Nathan Gedge and/or Elizabeth Elmer and with the Camp Staff and my physicians. As a staff registrant, I give permission for two way communication with any references listed in this registration.

## PHOTOGRAPHS, ADDRESSES, E-MAIL, SOCIAL MEDIA and PHONE NUMBERS

FCYD Camp UTADA does not distribute or sell information from our data base. I give permission for FCYD to use pictures and or videos taken at camp for camp publicity purposes. I give permission to use my/my child's name, address, e-mail and phone number on the camp mailing lists which are given out at the end of camp.

## STAFF 18 and older: ALL BOXES BELOW MUST BE COMPLETED

YES	NO (circle)	initial here →	Have you ever been arrested for any reason? (Other than minor traffic violations) If YES, explain:
YES	NO (circle)	initial here →	Have you ever been charged with or convicted of a felony? If YES, explain:
YES	NO (circle)	initial here →	Have you ever been convicted of trafficking narcotics or controlled substances? If YES, explain:
YES	NO (circle)	initial here →	Have you ever been charged with or convicted of a crime against a minor? If YES, explain:

this space is for FCYD office use and notes	today's date	
	signature of parent/guardian of minor	
	signature of applicant	
circle camps sessions 0 1 2 3 4 A B Family	print full name	

# FCYD Camp UTADA - COVID-19 AGREEMENT and RESPONSIBILITIES

FOUNDATION for CHILDREN and YOUTH with DIABETES • Utah's Accredited Diabetes Camps • 1995 w 9000 s • W Jordan UT 84088

FCYD Camp UTADA will implement Covid-19 guidelines consistent with CDC, ACA, and Utah Departments of Epidemiology and Health to minimize exposure to and transmission of Coronavirus. This document is subject to change, and you will be notified of any changes 1-2 weeks before camp

Questions regarding this document should be directed to the Camp Director, Dave Okubo, 801 566-6913 Director.

## All Volunteers, Staff, Counselors, And Campers:

1. Please review the responsibilities below so everyone is aware of the guidelines of preventing COVID-19 transmission at camp.
2. Sign and return this form with your registration papers.
3. Additional guidelines may be implemented OR eliminated in response to public health recommendations.
4. All guidelines and procedures will be review at in-camp orientation sessions.

## Prior to the Camp Session:

1. For 7-14 days prior to all camp sessions, campers and staff should avoid large groups and strictly practice face covering (masks) and social distancing, per current Utah Health Department Guidelines.
2. If the camper or staff has had possible exposure to Covid-19, self-isolation for 5-10 days prior to the camp session is required.
3. Completion of a daily log documenting any Covid-19 symptoms including cough, fever, shortness of breath, muscle aches and pains, decrease sense of smell or taste, or sore throat. This log must be turned in at camp check-in.
4. FCYD Camp UTADA will implement and enforce Utah's Corona Virus guidelines for all camp sessions. Camp Procedures will exceed guidelines for Covid-19.
5. FCYD Camp UTADA strongly recommends the COVID-19 vaccination for all eligible staff, counselors, campers and family members.

## MAXIMUM ENFORCEMENT GUIDELINES - DURING EACH CAMP SESSION

(subject to change dependent on current cdc guidelines):

1. Face coverings (masks) should be worn when social distancing is difficult to maintain.
2. Hand sanitizer will be available at multiple locations.
3. Frequent hand washing will be encouraged.
4. Always maintain social distance (6-foot distance) during camp.
5. Monitor the appearance of any Covid-19 symptoms, including cough, fever, shortness of breath, muscle aches and pains, decrease sense of smell or taste, or sore throat.
6. Completion of a daily log prior to and during the camp session. This log must be turned in at camp check-in. The Camp Medical Staff is responsible for completing the logs at camp for each camper and staff member.
7. Cabins, common areas, equipment, and food service areas will be disinfected daily and between groups.
8. If any member of camp develops any symptom of Covid-19, the individual and close contacts will be immediately placed in isolation, parent/guardian will be notified as well as local health authorities. Covid testing should be done and and quarantine begun to all unimmunized contacts. Notification of close contacts and tracing will be done under the direction of local health authorities.

My Signature signifies: I have read and understand the Camp's Covid-19 guidelines and responsibilities and will follow and help enforce all the above rules and policies contained in this agreement.	Today's Date	
	Guardian of minor Signature	
	Applicant Signature	
Circle session(s) 0 1 2 3 4 A B Family	Print Full Name	

# FCYD Camp UTADA - JOB AGREEMENT and BEHAVIOR POLICIES

Please read the following items for which you, as a counselor/staff are responsible.

This list was generated from past complaints from campers, parents, counselors and staff. If you break rules in the first section below, one or more will occur: 1. You will be prompted, 2. You will be placed on probation, 3. Parents of minors will be called, 4. You, will be sent home immediately, forfeiting any camp fee, and/or 5. You will be restricted from other camp activities for up to 2 years.

## GENERAL RESPONSIBILITIES:

1. Get enough rest. Be a rested happy camper.
2. **Be on time.**
3. Obey **camp curfew**. You can be up after curfew if you are engaged in official camp business.
4. Off Limits **Staff quarters or cabins** of the opposite sex can only be entered in the event of a medical emergency.
5. **Department areas** are off limits: medical, infirmary, program, clean-up hq, camp store, kitchen, pantry, storage trailer (unless "owner" is present.)
6. **Don't help yourself**. If you need something ask the department director.
7. Do not **leave the camp** without notifying the camp director.
8. **Visitors** must be approved in advance and must check-in & check-out with the camp director. Visits should be brief and not overnight.
9. Support the **camp rules** and the **camp staff**. Obey the **camp site rules**.

## CAMPER SUPPORT

1. **Feed the campers** before you feed yourself.
2. **Campers must be attended** at all times (or with a buddy, as you get to know them.) Counselor free time is a sign-up activity.
3. Carry your **medical emergency pack** at all times, so you can help the campers and each other. Carry your medical/dietary **clipboards** at all times.
4. **Assist the campers** with their medical and social needs.

## BEHAVIOR POLICIES

1. No **outside food, snacks or candy**, unless approved by the camp director.
2. No **alcohol, drugs, or smoking/vaping**. No matches or fireworks. Smokers must leave the camp site alone and be invisible. Under 21 cannot smoke.
3. Do not bring **animals, pets** or emotional support animals. They are not allowed by the camp sites that we rent.
4. Keep **romances** at a casual level. Remember your job and role at camp.
5. Limit **phone calls** to a few minutes. The camp phone is for camp business.
6. **Music played thru speakers** is prohibited. Public music used for program purposes must be approved by the camp director in advance.
7. Try not to **swear**. No sexual or inappropriate jokes or clothing.
8. No **pranks** after curfew. No pranks on campers. No pranks that are unsafe or that could cause physical or psychological harm or material damage.
9. Be a **role model** and **good diabetes example**. Renew **friendships**. Make **new friends**. Have **fun**.

## VOLUNTEER AGREEMENT AND POLICIES (set forth for counselors and staff of FCYD Camp UTADA by the camp committee and FCYD Board of Directors.)

1. **Participation** is required for the full camp session from load-up, check-in and the full week thru check-out.
  - Exceptions include day help, including guest speakers and special day activity staff, approved by the camp director.
  - Staff must spend their free time at camp. Permission to leave the camp site must be obtained from the camp director.
2. This "employment" is voluntary, **without wages or salaries**, except as authorized by the FCYD Board of Directors.
  - By volunteering their time, any counselor or staff can earn **credits toward staff events**, that are considered premium, due to cost.
3. It is camp policy that counselors and staff, not accept **gratuities or tips**.
4. **Benefits** including workmen's comp, health and unemployment are not provided.
  - Medical care not provided by the camp medical staff is the responsibility of the participant and their medical insurance.
5. **Transportation** to and from camp is the responsibility of the participant, at his/her expense.
  - The use of personal vehicles falls under the participant's insurance and proof of drivers license and auto insurance is required at check-in.
  - The participant's personal driving record will be reviewed as part of the consented background check.
  - The use of personal vehicles during the camp session, from load-up thru check-out, must be approved by the camp director.
  - Personal vehicles may be used to transport staff, camp supplies and gear during the camp session, as coordinated by the program/admin staff.
  - Personal vehicles should be maintained in good condition, including lights, exhaust, brakes, cooling/lubricants, emergency flashers, wipers, seat belts.
  - When refueling all the systems above should be checked.
  - When a private vehicle is used to transport persons, the drivers will pass off a safety check of their vehicle and blood sugar with program/admin staff.
  - Drivers will enforce seatbelts and proper speed limits.
6. **A job description** is available for staff and counselors to review upon request.
7. **Valuable personal items** are the responsibility of the staff/counselor and may be stored with the camp director if needed.
8. Any condition warranting **dismissal, leave of absence, or emergencies** will be documented in writing by the participant and the camp director.
  - **Sick leave**, will be documented in medical log book by the participant and camp medical staff.
9. All registration forms, including demographics, references/consent, job agreement, counselor rules, medical/dietary, are complete by the due date.
  - It is recommended that immunizations are up to date and a physical exam is performed in the past 5 yrs.

My signature signifies: I have read and understand the counselor and staff job agreement and behavior policies, rules and responsibilities. I will have a chance to ask questions at orientation or before by calling the camp director. I will help enforce all of the above counselor rules and policies of camp.	today's date	
	parent/guardian signature of minor	
	participants signature	
Circle sessions 0 1 2 3 4 A B Family	print full name	

# FCYD Camp UTADA – COUNSELOR RESPONSIBILITIES

## ALL VOLUNTEERS – STAFF and COUNSELORS:

Please review the responsibilities below so everyone is aware of the counselors role at camp.  
Sign and return this form with your registration papers. This is a partial list.

## COUNSELOR ARE RESPONSIBLE TO:

1. **Medical Staff** for diabetes and medical problems and emergencies.
2. **Dietary Staff** (or Medical Staff) for dietary issues.
3. **Program Director and Assistants** for questions regarding activities and program areas.
4. **Administrative Director** for transportation, clean up, camp store, mail, maintenance.
5. **Food Service Director** for food service, kitchen and dining room matters.
6. **Camp Therapist** for behavior problems and psychosocial issues.

## COUNSELOR GENERAL RESPONSIBILITIES:

1. **Orientation:** attend all the mandatory medical and camp orientation sessions.
2. **Participate** in the whole camp session, from loading up, set up, orientation, check-in and check-out.
3. Assist with **Check-in** and gather medical/social information on each camper. Assist campers with their gear.
4. Assist with **Check-out**. You are still responsible for your campers until they are checked out to parents.
5. Assigned 6-9 campers with a **co-counselor**. Teen session counselors may be alone.
6. Orient the campers to the **Camper Rules**. Help each other enforce the Camper rules and the Camp Rules.

## COUNSELOR SPECIFIC RESPONSIBILITIES:

1. At least one counselor will **be with the campers** at all times. **Double coverage** when appropriate.
2. Be aware of the **campers' locations** at all times. The campers should not wander off alone.
3. **Be on time and listen** to announcements before meals and activities. Help enforce listening.
4. Be aware of and help enforce camper responsibilities.
5. All counselors attend **program/admin meeting** after breakfast. Medical will start cabin clean-up with campers.
1. Always carry your **emergency medical kit** at all times.
2. Always carry your **medical/dietary clipboard** at all times.
3. Help **check blood sugars** at meals/snacks. Have campers show you their meter or cgm number.
4. **Record all blood sugars** on management log and note grams of carb if treating a low.
5. **Correct high blood sugars** and **record insulin** on management log while in the cabin.
6. Help **draw up insulin** syringes. **Check insulin** syringe or pump display for accuracy.
7. Help **administer insulin** if needed. Observe pumpers **pressing the bolus button**.
8. One counselor should **attend medical rounds** at least daily.
1. Help campers make healthy and proper **meal choices and substitutes** choices if needed.
2. Help campers **count carbs** and **record food** intake.
3. Help campers **bolus before they bite**.
4. Help everyone **stay out of the kitchen**.
1. Have a positive attitude, be a good **role model** and social example, no swearing, have fun.
2. Set a **good diabetes** example.

My signature signifies: I have read and understand the counselor rules and responsibilities. I will have a chance to ask questions at orientation or before by calling the camp director. I will help enforce all of the above counselor rules and policies of camp	today's date	
	parent/guardian signature of minor	
	participants signature	
Circle sessions 0 1 2 3 4 A B Family	print full name	

# FCYD Camp UTADA MEDICAL and DIETARY FORM

## MEDICAL INFORMATION, POLICIES and PROCEDURES

- A parent/guardian of minors, will be notified of any illness or injury.
- Medical staff may be making changes to the diabetes regimen to keep the participant healthy at camp.
- Any recommendations or changes in the diabetes regimen will be discussed with parent/guardian at checkout.
- If the regimen is significantly different, your diabetes doctor may be notified.
- All medications will be collected at check-in and will be dispensed to participants under 18 by medical staff.
- All CGM cell phone apps will be placed in airplane mode, and parents are asked to disconnect their cell phone share app.
- Campers should notify counselors if CGM alerts require action.
- Counselors will monitor blood sugars and notify medical staff of any illness or blood sugars that are out of range.
- Symptomatic low blood sugars are treated with glucose tabs. Mild low blood sugars are treated with fruit snacks.
- Participants or parent/guardian will fill out a diabetes log with blood sugars, carb grams and insulin (and covid log for 7 days before camp).
- The diabetes log and updated current diabetes management plan will be discussed at check-in by the medical staff.
- Further current, updated medical history will be collected at check-in.
- Any donated supplies you receive are prescribed to you by the camp medical director and cannot be given away or traded.
- Donated supplies are prioritized to full session participants first.

**Fill in the medical information in the right column below. Please write "Ø" or "none" if answer is none**

<b>Diabetes doctor</b>	full name	phone number
<b>Primary care doctor</b>	full name	phone number
<b>Dentist</b>	full name	phone number
Are all school required <b>immunizations</b> up to date?		
List date of last <b>tetanus</b> booster		
Are you current with the <b>covid vaccine</b> ?		
If YES list covid immunization date(s) and vaccine brand		
List any <b>Rx medications</b>		
List any <b>OTC medications</b>		
List any other <b>medical history</b>		
List any significant <b>surgeries</b> and dates		
List any <b>allergies</b>		
List any <b>medical limitations</b> or restrictions on activities		
List any other <b>special medical needs</b>		

## DIETARY and FOOD SERVICE INFORMATION, POLICIES and PROCEDURES

- Meals are provided at 8 am, 12 noon and 6 pm. Snacks are optional at 3 pm and 9 pm. (times are approximate.)
- Do not bring additional food or snacks to camp
- A food intake record will be kept at camp by all participants.
- Further current, updated dietary history will be collected at check-in by the medical staff.
- A food intake record will be kept by all participants during the camp session.
- The food intake record will be discussed at check-out by the medical staff.

**Fill in the dietary information in the right column below. Please write "Ø" or "none" if answer is none**

Circle any nutritional requests or limitations	Gluten/Celiac	Lactose	Food Allergies	Low Sodium
	Vegan	Vegetarian	Religious	Cultural
				None
List any details of above or <b>food allergies</b>				

My signature signifies that the above is true and I have read, I understand, I have had the chance to ask questions about the above polices and procedures. I will help enforce the above medical and dietary/foodservice policies and procedures.	today's date	
	parent/guardian of minor signature	
	participant signature	
circle session(s) 0 1 2 3 4 A B	print full name	