

# Camp Bluebonnet 2010

June 21- 25, 2010

Peaceable Kingdom Retreat for Children, 19051 FM 2484, Killeen, Texas 76542

9:00 am – 3:30 pm (Monday-Thursday) 9:00 am – 12:30 pm (Friday)

Registration/Check-in begins at 8:30 am daily

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Camp Bluebonnet is a week long, day camp for children with diabetes and is operated by the Children's Diabetes Camp of Central Texas, Peaceable Kingdom and Parent Volunteers. The role of Camp Bluebonnet is to provide children with diabetes a safe and fun camping environment. We strive to provide diabetes management and education in ways that enhance the camping experience, not limit or detract from it. The diabetes protocol at camp may not be what it is at home, but it is what works best for 5 fun-filled days of high activity! Children with diabetes and their siblings, age 4-17, will be considered campers. Those in high school will also be considered Counselors in Training (CITs) and assist the group leaders during camp as well as having their own activities. An adult, aged 18 and older, may fill out the volunteer application which includes authorization for a background check and come to camp as an adult volunteer.

Camp will be limited to 200 campers and spots will be filled on a first-come, first serve basis. Therefore, late or incomplete applications may not be accepted. The medical information page may be separated and forwarded to the camper's personal physician to be signed and faxed to the number below. Send all pages of the application along with payment by May 28, 2010. Written cancellation must be received by May 28, 2010 to be considered for refund.

Camp fee is \$60.00 for each attendee (diabetics and siblings). Some scholarships are available. Please contact Amy Stuewe at 512-914-8127 for more information. Checks made out to CDCoCT and in U.S. dollars are the only accepted method of payment. Please do not send cash through the mail! Completed applications and payment must be mailed to CDCoCT at the address below.

Attending one of the parent orientations is highly recommended for all parents. Orientation will give parents the opportunity to ask questions, learn more about the camp routine, and you will be given your child's camp T-shirt if the application is complete. The orientations will be scheduled and once finalized, you will receive notification by email about exact dates, locations, and times.

If you have questions concerning Camp Bluebonnet,

*Call :* Amy Stuewe, CDCoCT Asst. Director, 512-914-8127

*Email:* camp\_bluebonnet@yahoo.com

*Fax:* 512-879-6850

*Or write to:* Children's Diabetes Camp of Central Texas, Inc.

Camp Bluebonnet

P. O. Box 12885

Austin, TX 78711-2885

A project of:



THE STRENGTH of WOMEN  
THE POWER of COMMUNITY

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# Camp Bluebonnet 2010 Parent Waiver

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Please fill in ALL information, initial blanks and sign – one per camper.

\_\_\_\_\_ I/We hereby give my/our consent for \_\_\_\_\_  
to attend and participate in all activities of Camp Bluebonnet and hereby agree to hold harmless Camp Bluebonnet and/or its sponsors, its agents, servants or employees from any and all liability of whatsoever nature and injuries, sickness or other damages suffered by us or camper during his or her stay at Camp Bluebonnet and by any act of omission of said organization, their agents, servants or employees.

\_\_\_\_\_ I/We authorize the medical staff of Camp Bluebonnet to administer or authorize emergency medical treatment in our absence. I/We understand that every reasonable effort to notify us will be made prior to rendering treatment.

\_\_\_\_\_ I/We understand that the protocol used to manage diabetes at home is not necessarily the protocol that will be used at Camp Bluebonnet.

\_\_\_\_\_ I/We authorize medical staff to make any necessary insulin dose changes during camp to ensure the safety of my child.

\_\_\_\_\_ In addition, I/we authorize the Children’s Diabetes Camp of Central Texas, Inc. to release pictures, photographs, slides or movies for publicity or public usage.

Print Parent/Guardian Full Name: \_\_\_\_\_

Driver’s License Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Emergency Telephone Number: \_\_\_\_\_

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Name of Insurance Provider: \_\_\_\_\_

Policy Holder’s Name: \_\_\_\_\_

Address of Insurance Provider: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

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Are you interested in Bus Transportation?

No, I will provide my own transportation to and from camp each day.

Yes, we would most likely use the bus in the following area (check one please):

North Austin/Round Rock area     Central area     South Austin area

If yes, how many in your family are likely to ride (include parents if attending)?

\_\_\_\_\_ riders    OR     already answered on another child’s application



Camp Bluebonnet 2010 HIPPA Form

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**HIPPA Form - Children's Diabetes Camp of Central Texas, Inc.**

**Aka Camp Bluebonnet**

By signing this form at the bottom of the page, I hereby authorize Children's Diabetes Camp of Central Texas, Inc. and Camp Bluebonnet to obtain, use and disclose protected health information from the record of:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

The following information may be used and disclosed in the case of medical necessity

(Check the appropriate box(es)):

- Diabetes related
- Allergy related
- All
- None

This information will only be used in case of emergency and will only be released to nurses, doctors, emergency medical technicians or other personnel needing to care for this person in an emergency.

I understand that I may revoke this authorization in writing at any time, except that such revocation will not affect actions already taken in reliance on this authorization and, if applicable may not be effective as to an insurer's right to contest a claim. I understand that, in order to revoke this authorization, I must send a written notice stating my intent to revoke this authorization to:

Children's Diabetes Camp of Central Texas  
aka Camp Bluebonnet  
P. O. Box 12885  
Austin, TX 78711-2885

I understand that the information to be used and disclosed pursuant to this authorization form may include but is not limited to sensitive information such as information relating to (1) human immunodeficiency virus ("HIV") infection or acquired immunodeficiency Syndrome ("AIDS"), (2) treatment for or history of drug or alcohol abuse, or (3) mental or behavioral health or psychiatric care.

I understand that the extent any recipient of this information, as identified in Paragraph 3 above, is not a "covered entity" under federal privacy law, the information may no longer be protected by federal privacy law once it is disclosed to the recipient and, therefore, may be subject to re-disclosure by the recipient.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

If authorization is signed by a legal representative of the individual:

Printed name of legal representative: \_\_\_\_\_

Representative's authority to act as such: \_\_\_\_\_

**CHALLENGE COURSE RELEASE**

**PEACEABLE KINGDOM RETREAT FOR CHILDREN, INC.**  
INFORMED CONSENT

Any person using the Challenge Course must sign an informed consent to participate. Please complete and return to the instructor.

WHEREAS, the undersigned (the 'Applicant') wishes to be accepted for participation in a Peaceable Kingdom Retreat for Children, Inc., CHALLENGE COURSE PROGRAM to be organized and conducted by:

**PEACEABLE KINGDOM RETREAT FOR CHILDREN, INC.**

and in consideration of Peaceable Kingdom Retreat for Children, Inc.'s ("Peaceable Kingdom Retreat for Children") action in allowing the Applicant to participant in such course, the undersigned acknowledges that the Challenge Course could necessarily involve participation in exercises which are, by nature, physically demanding and could subject the applicant to stress, anxiety, and possible hazards, not all of which can be foreseen. It is fully understood that the applicant could be climbing and walking on cables, logs, ladders, walls, and beams; at times thirty feet or more above ground. Reasonable precautions will be taken to protect the applicant.

The undersigned assumes all of the ordinary risks normally incidental to the nature of the program, including risks, which are not specifically foreseeable.

The undersigned applicant hereby releases any and all rights or claims for damages against Peaceable Kingdom Retreat for Children, Inc., it's officers, directors, employees, faculty, agents, and all individuals assisting in instructing and conducting these activities, from all liability of any nature for any and all injuries, loss or damage, direct or indirect, suffered by applicant at or in any way connected with these activities.

Please show your agreement by signing below:

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Applicant's Name

Age (if under 18)

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Signature (Guardian- if Participant is under 18)

Date