Camper Application

Camp Needles in the Pines
The Eastern North Carolina Diabetes Camp

July 20-July 25, 2025
Sunday mid-afternoon- Friday mid afternoon
Application Deadline: May 16, 2025

Please return by 5/16/2025 to: campnip@ecu.edu , fax: 252-744-4273 or mail to
ECU Pediatric Specialty Care, CNIP Coordinator 2150 Herbert Court Greenville, NC 27834

Early application is encouraged to assure acceptance. Enrollment is limited.
Please enclose a picture of your child with completed application.

Name of Camper: _____ Nickname: _____

Size for T-shirt: ____Adult Small ____Adult Medium ____Adult Large ____Adult X-Large

Parent or Guardian Name(s): _____

Address:_____ **City**:_____ **County**: _____ **State**: _____ **Zip:** _____

Home Phone: _____ **Parent (Work):** _____ **Cell:** _____

Parent (Work): _____ **Cell:** _____

Email Address: _____

Date of Birth: _____ **Sex**: ____Male ___Female **Age While at Camp**: _____ **School grade fall '25**: ___

Date diagnosed with diabetes: _____ **Has your child ever attended diabetes camp?** ____Yes ____No

What type of insulin does the camper use? ____Novolog ____Humalog ____Apidra ____Tresiba

____Fiasp _____Lantus ____Levemir ____Basaglar

Does child use insulin pump? ____No _____Yes

If yes, what model is it? _____ And when did they begin using a pump? _____

Does child use a Continuous Glucose Monitor (CGM)? ____No _____Yes

If yes, what model is it? _____ And when did they begin using a CGM? _____

What is camper's most recent HbA1C level? Date _____ Results _____

In case of emergency, notify (Name/relationship):_____

Phone: _____

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Camper Application

Camp Needles in the Pines

July 20-25, 2025

Camper: _____

This child is covered by Health and Accident or Hospitalization Insurance by: _____

_____ Policy #: _____

Are there any accommodations under the Americans with Disabilities Act needed for the applicant to participate in program/camp activities? _____ yes _____ no

If yes, please describe: _____

Name of Recommending Teacher (or non-related adult) (form attached):

_____

Name of camper's Pediatrician (form attached): _____

Total Cost of Camp: $250

Conditions: Because of the variability in activity during the Camp session, I understand that it may be necessary for the Medical Staff to adjust or alter my child's diet or insulin schedule. I understand the Camp will notify me if a significant medical problem arises and that I will receive a report of medications given and/or interventions provided.

Campers leave the premises only with full permission of parents and/or camp director. Illegal drug use, smoking, alcohol and profane language are not permitted. Any behavior detrimental to the well-being of all campers will not be tolerated. The Director reserves the right to decline the application or to dismiss any camper who is judged to be an undesirable associate of other campers. Parents will bear the cost of all necessary calls involved in such a situation before, during and after the camp session. Parents are responsible for any property loss or damage incurred by the child and will be billed by the camp.

Camper Application

Camp Needles in the Pines

July 20-25, 2025

Camper:_____

Check-in 7/20/25: Arrival times are organized by groups starting at 1:00 pm and you will receive notice of your camper's assigned time for check-in. CIT's arrive starting at 1:00 pm on 7/19/2025.

Check-out 7/25/2024 begins at 10:00 am on Friday and *all* campers must be checked out by noon. Check-out procedure includes "check-out report" with your child's counselor and medical staff All parents must agree to check-in/check-out procedures before a child can be accepted.

I wish to enroll the above named camper in Camp Needles in the Pines diabetes camp. He/she may participate in all camp activities except as specified: _____

My signature below indicates agreement with the above conditions.

Signature of parent or guardian _____ Date _____

Printed Name of Parent of guardian: _____

We reserve the right to deny admission for any applicant who does not meet Camp Needles in the Pines admission criteria.

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Camper Contract

Camp Needles in the Pines

The Eastern North Carolina Diabetes Camp

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ECU Pediatric Specialty Care, CNIP Coordinator 2150 Herbert Court. Greenville, NC 27834

Parents, please review and discuss this information with your child, then return the signed form with the camper application

As a camper at Camp Needles in the Pines, I know that I am a guest there and I will follow all camp rules. I understand that if I do not follow the rules there are consequences and I may be sent home.

- I will be respectful of other campers and treat everyone the way I would like to be treated. There is to be NO bullying at camp.
- I will not use or bring alcohol, cigarettes (any form) or drugs to camp. Camp has a zero tolerance policy for alcohol, cigarettes (any form) or drugs.
- I will not use or take property that is not mine.
- I will listen to and respect all camp and Boy Scout staff. Camp staff are there to care for me and keep me safe.
- Cell phones are ***NOT*** permitted at camp unless required for CGM/pump. They will be placed in airplane mode and will be held by the group counselor
- I will not use cuss words or be aggressive to anyone at camp.
- If I have problems with anyone or anything at camp, I will first talk with my group counselor to help me make good choices.

Signature of camper (required) **Date**

I have read and discussed this with my child. We both understand and are willing to abide by these rules.

Signature of parent/guardian (required) **Date**

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Nutrition Information

Camp Needles in the Pines

The Eastern North Carolina Diabetes Camp

Please return by 5/16/2025 to: campnip@ecu.edu, fax 252-744-4273 or mail to
ECU Pediatrics Specialty Care, CNIP Coordinator. 2150 Herbert Court. Greenville, NC 27834

This information will help the Camp Dietitian to calculate a camp meal plan for your child. The meal plan for camp will have more calories than your child's usual meal plan because of the increased activity at camp. After camp, your child should return to his/her normal meal plan.

Name of Camper _____ Nickname _____

Date of Birth: _____ Sex: ____Male _____Female Age while at Camp _____

Height _____ Weight _____

1. Does your child count carbohydrates at meals? ____Yes _____No
2. Is there an average amount of carbohydrates usually eaten at meals? _____
3. Does your child receive rapid-acting insulin (Novolog, Humalog, admelog, etc) based on carbohydrates eaten? __Yes __No.
4. Please list any food allergies or intolerances your child may have and what happens if they are exposed to it?
   - ___ Celiac disease/must eat gluten free foods
   - ___ Peanut
   - ___ Egg
   - ___ Milk
   - Other: _____
5. During the summer, is your child usually:
   - ___ extremely active (plays sports, rides a bike, runs 2+ hours each day)
   - ___ moderately active (does one of the above for 1 hour each day)
   - ___ lightly active (does one of the above 3-4 times each week)
   - ___ Inactive (spends time watching TV or in other non-active ways)

- Other information (such as vegetarian/vegan, etc) you feel will be helpful:
  _____

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Teacher Form

Camp Needles in the Pines

The Eastern North Carolina Diabetes Camp

Please return by **7/1/2025** to: campnip@ecu.edu, fax 252-744-4273 or mail
ECU Pediatric Specialty Care, CNIP Coordinator 2150 Herbert Court Greenville, NC 27834

To be completed by teacher. (If home-schooled, another non-related adult may complete this form.) This form is in reference to the child's application to attend diabetes camp this summer.

This is a confidential reference.

Name of Camper _____ Date of Birth: _____ School grade: _____

1. Amount of time this child spends in your class each day: _____
   Subjects taught: _____
2. Do you feel that this child has the emotional capacity to benefit from the teaching and recreational programs at camp? ___ Yes ____ Perhaps ____ No
   Please explain: _____
3. How easy is it for this child to learn? ____Very Easy _____Average ____Difficult ____Very Difficult
4. Is student identified as EMH, LD, BEH, etc? If so, please describe special education programming.
   _____
5. Does the student have difficulty with basic reading (e.g., 3rd grade level)? _____ Yes _____ No
6. How well does this child relate to other children? Please explain.
   _____Very well ____Well ____Poorly ____With extreme difficulty
   _____
7. How well does this child relate to adults? Please explain.
   _____Very well ____Well ____Poorly ____With extreme difficulty
   _____
8. Are there factors which you feel would limit this child's ability to benefit from camp?
   If so, please specify: _____
9. Would this child likely be disruptive and/or time consuming enough that the experience of other campers would suffer? If so, please explain: _____

Teacher's Signature _____

School: _____

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Liability Release
(Minor Participant)
(Required)

Please return by 5/16/2025 to: campnip@ecu.edu, fax 252-744-4273 or mail to ECU Pediatric Specialty Care, CNIP Coordinator
2150 Herbert Court Greenville, NC 27834

I/we, the undersigned, request that East Carolina University ("the University") allow _____, a minor under the age of 18, (referred to as "the Participant") to participate in the following Activity: **Camp Needles in the Pines** ("the Activity"), to be held from **July 20, 2025 through July 25, 2025**.

In consideration of the Participant being permitted to participate in the Activity, I/we hereby release, forever discharge, covenant not to sue and agree to hold harmless and indemnify the State of North Carolina, the University and their respective governing boards, officers, agents, employees, volunteers, and any University students assisting with the Activity (collectively referred to as "Releasees"), from and against any and all liability for any harm, injury, damages, claims, demands, actions, causes of action, costs, and expenses of any nature, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by Participant or by me/us and any property belonging to Participant or me/us, as a result of, or in any way connected with, Participant's participation in the Activity, and even to the extent that Releasees were negligent.

We grant Releasees permission to transport the Participant, by automobile, bus or other means, as may be deemed necessary by Releasees, in connection with the Activity.

I/we hereby authorize physicians, nurses, hospitals, and their authorized personnel employed, contracted, or paid on a fee basis by Camp Needles in the Pines or the East Carolina University School of Medicine to perform all treatments and procedures deemed necessary.

I/we sign this **Liability Release** in full recognition and of all the dangers, hazards, and risks to Participant from participating in the Activity, which may include, but are not limited to, property damage and personal injury, including, but not limited to, cuts, bruises, sprains, strains, broken limbs, and/or death. I/we further agree that I/we assume all the risks associated with the Activity.

In signing this Liability Release, I/we acknowledge and represent I/we are fully informed of the content of this Liability Release by reading it before signing it and that this document has been signed of my/our free act and deed. No oral representations, statements, or inducements, apart from those contained in this Liability Release, have been made.

I/we further state that there are no health-related reasons or problems which preclude or restrict the Participant's participation in the Activity, and the Participant has adequate health insurance to provide for and pay any medical costs that may result from injury to the Participant. If reasonable accommodations are required to participate in the Activity, I/we will contact University Disability Support Services at 252-737-1016.

Liability Release
(Minor Participant)
(Required)

Camper: _____

I/we further agree that this Liability Release shall be construed in accordance with the laws of the State of North Carolina. If any term or provision of this Liability Release shall be held illegal, unenforceable, or in conflict with any law governing this Liability Release, the validity of the remaining portions shall not be affected. I/we agree that the courts of North Carolina shall be the sole forum for adjudicating any claim or dispute arising, directly or indirectly, from the Activity.

This is a liability release of legal rights. Please read this document carefully, as it affects certain rights that you and/or the participant may have if you and/or the participant are injured or otherwise suffer damages in connection with the participant's participation in the activity.

I/we, further state that I/we are Participant's parent(s)/guardian(s), and am/are fully competent to sign this Liability Release, on behalf of ourselves(s) and the Participant.

(This Liability Release shall be valid and acceptable if signed by one Parent/Guardian, but it is requested that a second Parent/Guardian also sign if a second Parent/Guardian is available).

Parent or Guardian	**Parent or Guardian**
_____	_____
Printed Name	Printed Name
_____	_____
Signature	Signature
_____	_____
Date	Date

(Updated 1/2023. The original signed Liability Release shall be kept and maintained by the department or program sponsoring the Activity for no fewer than seven (7) years after conclusion of the Activity.)

Photography Release

Please return by 5/16/2025 to: campnip@ecu.edu, fax 252-744-4273 or mail to ECU Pediatric Specialty Care, CNIP Coordinator
2150 Herbert Court Greenville, NC 27834

I hereby give my consent to East Carolina University to prepare, use, reproduce, publish or exhibit my/my child's picture, portrait, likeness, or voice, or any or all of them in or in connection with productions of university print and electronic publications. Any photograph, photo transparency, digital file, audiovisual tape, or any audiovisual illustration may be used without my prior examination of the finished product. I further give my consent to East Carolina University to use my/my child's name.

I hereby waive my right to privacy in connection with the consent above given, and I hereby release, discharge and agree to hold harmless all the parties to whom this consent is given from any liability whatsoever and agree that this consent and waiver will not be made the basis of a future claim of any kind against staff and administration of East Carolina University.

(This Photography Release shall be valid and acceptable if signed by one Parent/Guardian, but it is requested that a second Parent/Guardian also sign if a second Parent/Guardian is available).

Parent or Guardian

_____
Printed Name

_____
Signature

_____
Date

Parent or Guardian

_____
Printed Name

_____
Signature

_____
Date

(Updated 1/2023. The original signed Photography Release shall be kept and maintained by the department or program sponsoring the Activity for no fewer than seven (7) years after conclusion of the Activity.)

East Carolina University
Camp Needles in the Pines
Health Exam/Record

Physical Exams are Valid for 3 Years from Date of Last Examination
Date of Program: July 20-25, 2025

Please Return Completed Form by July 1, 2025 to: campnip@ecu.edu, fax-252-744-4273 or mail to Camp Needles in the Pines 2150 Herbert Court Greenville, NC 27834
Attention: CNIP Coordinator

Date of Exam: ___/____/___

Name of Camper_____ Date of Birth: _____

Phone_____

Guardian_____Address_____

To be completed by Primary Care Provider not diabetes provider (*Physician, PA, APRN or RN****):***

Does the Participant have allergies to any medications?

☐ Yes ☐ No Explain: _____

Check one:

_____May participate in all Program activities

_____May participate except for: _____

Medical information pertinent to routine care and emergencies:

_____

Does the participant have any additional diagnoses? ☐Yes ☐ No

If yes, please indicate

_____

Is the Participant taking prescription or over the counter medication(s) other than insulin?

☐ Yes ☐ No

If yes, indicate names of medications

_____ Continue while at camp? _____ yes _____ no

_____ Continue while at camp? _____ yes _____ no

Does the Participant have special medical or emotional needs? ☐Yes ☐ No

Explain: _____

Camper Medical Form 2025 Name of Camper: _____

The Camper is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and the National Advisory Committee on Immunization Practices:

	Y	N		Y	N		Y	N
Measles			Chickenpox			Tetanus		
Mumps			Hepatitis B			Diphtheria		
Rubella			Polio			Pertussis		
Meningitis						Pneumococcal conjugate		

Name of Health Insurance Carrier: _____Group or Policy # _____

East Carolina University does not provide health and accident insurance for Participants, and I understand that the Participant's medical expenses, property loss, or other personal expenditures that result during or from the Program, are to be borne by me and/or the Participant's health insurance provider.

Consent to Emergency Medical Treatment. The health history above is correct as far as I know, and the Participant has permission to engage in all Program activities noted by me and the examining medical practitioner. I grant East Carolina University, its officers, trustees, agents, employees, students, or volunteers ("Released Parties") permission to authorize emergency medical and surgical treatment for the Participant, as they deem appropriate. I understand and agree that the Released Parties assume no responsibility for any injury or damage that might arise out of, or in connection, with such authorized emergency medical treatment.

Printed Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

Date: _____

Printed name of medical care provider: _____

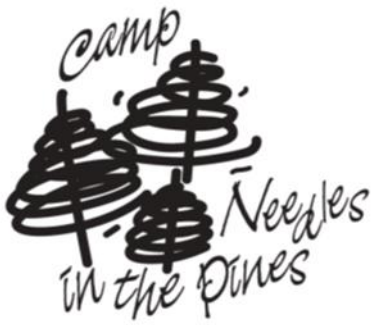
Signature of Physician, PA, APRN or RN _____

Medical care provider's address: _____

Telephone Number _____

ECU HEALTH Children's Miracle Network Hospitals

Camp Needles in the Pines 2025
Medication Administration Consent form



I hereby give my permission for my child, _____, to receive the medications in addition to insulin as listed below while he/she is a camper at Camp Needles in the Pines for the 2025 camp session.

The listed medications have been prescribed by a licensed physician. I hereby release the camp staff and employees from all liability that may result from my child taking the prescribed medication.

The consent is good for July 20-25,2025, unless revoked by me. I will furnish all prescription medication for use at camp in the medication's original container and properly labeled by a pharmacist with identifying information (name of child, medication dispensed, dosage prescribed, and the time it is to be taken).

I understand that my child may develop a need for basic first aid and/or the use of over-the-counter medications while at camp. An approved camp medical provider (MD, RN, RD, PA, CDCES) may administer the following medications as needed to treat symptoms of minor illness, rash or other discomforts **(check all that apply)**:

__Tylenol, Motrin or similar product for fever, pain, discomfort, headache, stomach ache

__Benadryl or other anti-itch/antihistamine (orally or topically) for itching related to rash, bug bites or minor allergic reaction

__Medication as needed for constipation or diarrhea

__Cough medicine or antihistamine for minor cough and congestion

__Antibiotics if needed after evaluation and prescription by MD at camp

__Prescription medications that I will supply from home include:

_____

_____

Medication allergies: _____

What happened when camper took this medicine?

_____

_____ _____
Parent/guardian Date

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