



CAMP BLUE HAWK AROUND THE WORLD IN ONE DAY

Camper Registration 2021

Camper Information

First Name: _____ Middle Initial: ___ Last Name: _____

Date of Birth: ____/____/____ Age: _____

Street Address: _____

Street Address Line 2: _____

City: _____ State: _____ Zip: _____

Language: _____ Ethnicity: _____ Current Grade Level: _____

T-Shirt Size: _____

Emergency Contact

First Name: _____ Last Name: _____

Relationship: _____ Phone #: _____

Email: _____

Street Address: _____

Street Address Line 2: _____

City: _____ State: _____ Zip: _____

Health Information

Do you have any allergies? Y N If so, what are they? _____

Any diet restrictions? Y N If so, what are they? _____

Any activity restrictions? Y N If so, what are they? _____



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Medications

Name: _____ Dose: _____ Times Taken Per Day: _____ Days Taken: _____

Details: _____ Will your camper be taking this at camp? Y N

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Details: _____ Will your camper be taking this at camp? Y N

Health History

Does your camper have any medical/behavioral/mental/developmental diagnoses other than diabetes? Y N If so, what are they? _____

Has your camper had seizures? Y N

Does your camper wear glasses or protective eye wear? Y N

Has your camper had a significant life event that continues to affect their life (i.e. abuse, divorce, death of a loved one, etc.)? Y N

Do you have any concerns you would like to discuss with camp medical staff? Y N

What does your camper react when they are mad, sad or upset? _____

What behaviors/attitudes are typical for your camper? _____

Diabetes Health

Onset of diabetes (MM/YYYY): _____ Age when diagnosed: _____

Most recent hemoglobin A1C and date: _____ Target blood sugar range: _____

Does your camper use an insulin pump? Y N

If so, what pump does your camper use? _____ Serial number: _____

How often does your camper rotate their pump site? _____



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Diabetes Health Cont.

What is your camper's rapid-acting (bolus) insulin? _____

What is your camper's card ration (i.e. 1 unit for __ grams of carbohydrates)? _____

Does this change based on mealtime? Y N

Carb ratio for breakfast? _____ Card ratio for lunch? _____

What is your camper's correction factor (i.e. 1 unit for every _ points above_)? _____

What is their long-acting (basal) insulin? _____

What is their long-acting insulin dose? _____

What time(s) is long-acting insulin administered? _____

Do they use a continuous glucose monitor (CGM)? Y N If so, which one? _____

Do they have frequent high blood sugar levels (>300mg/dl)? Y N How often? _____

Do they have frequent low blood sugar levels (<80mg/dl)? Y N How often? _____

What symptoms do they experience with high blood sugar? _____

What symptoms do they experience with low blood sugar? _____

Do they experience low blood sugar with specific activities or exercises? Y N

If so, please list activities, how you treat lows and your strategies to prevent these lows:

Within the past year, have they been hospitalized for ketoacidosis (DKA) or severe low blood sugar? Y N

Immunizations (Check All That Apply)

DTAP: Diphtheria, Tetanus, Pertussis dT or Tdap: Tetanus Booster

MMR: Mumps, Measles, Rubella IPV: Polio Hib: Haemophilus Influenzae Type B

PCV: Pneumococcal Hepatitis A Hepatitis B Varicella (Chicken Pox)

MCV4: Meningococcal Meningitis Seasonal Flu TB: Tuberculosis

Meningococcal B (Bexsero or Trumenba) HPV: Human Papillomavirus



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Insurance

Is your camper covered by insurance? Y N

Insurance Card Holder: _____ Policy Holder Phone #: _____

Employer Name (if insured through company): _____

Insurance Company: _____ Insurance Company Phone #: _____

Policy #: _____ Group Name/#: _____

**Please upload a copy of your insurance card when submitting this form.*

Health Care Providers

Primary Care Physician: _____ Phone #: _____

Diabetes Care Physician: _____ Phone #: _____

FORM C -- RELEASE FOR THE UNIVERSITY OF OKLAHOMA (UNIVERSITY EVENTS)

On this ____ day of _____, 20__, I certify that I am the Legal Representative of _____,
(Minor's Name)

hereinafter ("Minor"), of _____, _____, and I have full authority to and do give permission for Minor
(Home Town) (State)

to participate in Camp Blue Hawk: Around the World in One Day, hereinafter ("the Event"), to be held at the University of Oklahoma hereinafter ("the University").

University and Event Rules. I acknowledge that I have read the University's rules stated herein or as otherwise advised at the time of the Event, and as published on the University's websites, www.campbluehawk.org and www.ou.edu/home/misc.html and understand and agree to abide by all University and Event rules and policies. Failure to comply with these rules or any other rule established by the Event may result in Minor's immediate removal from the Event. I waive any claim for refund or any other contract right upon removal. I certify that I have read and understand the Event rules and have explained said rules to Minor. I understand and agree to notify the Event supervisor, Angelica Quishenberry at 405-271-3382 immediately of any injuries Minor sustains as a result of the Event and of any inappropriate behavior Minor experiences related to the Event. I also understand and agree that if any issues of sexual misconduct, harassment or assault occur, I will immediately report those to both the Event supervisor, Angelica Quishenberry, at 405-271-3382 and the University's Sexual Misconduct Officer at 405-325-2215 or www.ou.edu/home/misc.html. **Initials:** _____

Talent Release. I understand that the University often produces promotional material relating to its programs. I understand that as a participant at the Event, Minor may be included in videotapes or photographs taken during the Event. Therefore, without reservation or limitations, I, in my own behalf and on behalf of the Minor, hereby assign, transfer and grant to The University of Oklahoma, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape the Minor and to utilize such videotapes and photographs and Minor's name, face likeness, voice and appearance as a part of the Event, in advertising and promoting the Event or in advertising and promoting similar future events at no charge. **Initials:** _____

Medical Authorization. As parent and/or legal guardian of Minor, I hereby give consent and authorize said Event, the University and its agents, representatives and employees to secure emergency medical treatment, or to administer the use of an epi-pen, basic first aid or to ensure that medications have been taken as prescribed for Minor while Minor is in attendance at the Event hosted by the University and that I am responsible for any and all costs associated with the transportation and treatment. I certify that if my child has any special medical considerations, including food or other allergies, that I have specifically communicated those in writing to the Event supervisor. **Initials:** _____

Transportation. I certify and agree that I am to pick-up and drop-off Minor only at the designated places and times. Should I fail to timely pick-up Minor at the designated area, I understand he/she will be taken to the Harold Hamm Diabetes Center for pick-up. Failure to timely pick-up Minor may result in his/her immediate withdrawal from the Event. **Initials:** _____

Release and Waiver. I, for and on behalf of Minor, myself, my and Minor's personal representatives, heirs, assigns and next-of-kin, hereby release, waive, forever discharge, indemnify and covenant not to sue the Board of Regents of the University of Oklahoma, its officers, members, employees, volunteers, agents and representatives for any and all loss, damages, claim, demand, action or right of action, arising from or by reason of any injury resulting or to result from participation in the Event. I, for and on behalf of Minor, myself, my and Minor's personal representatives, heirs, assigns and next-of-kin, agree to hold harmless, defend and indemnify, for any and all loss, damages, claim, demand, action or right of action, arising from or by reason of any injury resulting or to result from participation in the Event. This contains the entire agreement between the parties hereto and all terms are contractual and not a mere recital. I further state that Minor and I have each carefully read the foregoing Release and Acknowledgement as his/her own free and voluntary act. I am at least eighteen years of age and sign this Release and Waiver voluntarily.

_____/_____
Parent/Guardian Printed Name Relationship Signature Date

Event Name: Camp Blue Hawk: Around the World in One Day

Address of Parent and/or Legal Guardian:

City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email address: _____

Emergency Contact other than parent or guardian if they cannot be reached:

Contact _____

Phone _____

Any questions regarding this form should be directed to the Head Supervisor, Angelica Quishenberry at 405-271-3382.

CONFIDENTIALITY NOTICE: The information contained in this document, including any attachments, contains information from Harold Hamm Diabetes Center (HHDC), which may be confidential or privileged. The information is intended to be for the use of the individual or entity named above. Be aware that any disclosure, copying, distribution or use of the contents of this information is prohibited. If you have received this document in error, please notify HHDC immediately and destroy all electronic and hard copies of the communication, including attachments.