



# BMC Camper Handbook 2023

*In order to make the camp experience a success, we want to be sure everyone is prepared ahead of time. Thank you for partnering with us by reading this Handbook thoroughly before camp begins.*

## This Handbook Contains Information On:

- **Diabetes and Healthcare:**
  - Policies
  - Statement of value judgements
  - Food allergies and accommodations for special diets
- **Logistics:**
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  - Bus Schedule
  - Communication at camp
- **Preparing:**
  - Tips for preparing your child for camp
  - Frequently Asked Questions
- **Policies and Expectations, including:**
  - Cell Phone Policy
  - Behavior Policy
  - Lice Policy
  - Participant Outcomes
- **Bearskin Meadow Information:**
  - Camp Map



**Questions?** DYF Office: 925-680-4994 Email: [program@dyf.org](mailto:program@dyf.org)

## Diabetes and Healthcare at Camp

Dear Parents, Families, and Caregivers,

For those of you who are new to DYF and the Camp Magic, ***Welcome!*** Camp is a special place for kids impacted by type 1 diabetes. Whether you are brand new or have been coming for 15 years, we can't wait to share it with you. The impact of living with diabetes goes far beyond blood sugars, and living well with diabetes is about much more than insulin dosing. Diabetes impacts blood sugar, but it also impacts our sense of safety and security, of normalcy and community.

***So why is camp so unique and special? And how does camp further your child's ability to manage diabetes?***

First, **camp is a community**. The positive relationships and sense of belonging are important feelings that many kids, especially those impacted by type 1 diabetes, have trouble finding elsewhere. At camp, kids realize that they are not alone in their struggles and frustrations with diabetes. Within the context of camp, children learn trust, safety, and teamwork as key elements to developing a bond with others. For many campers (and staff!), this sense of community sustains them throughout the year, and kids will remember and fall back on the caring environment they experienced at camp.

**Camp builds resilience**— this is the ability to successfully adapt to adversity or stress. This adversity is experienced at some point by everyone who is affected by diabetes, including siblings, parents and grandparents. Camp works to teach and encourage behaviors, thoughts, and actions that allow kids and their families to manage the challenges they are facing. We cannot eliminate the difficulty that comes from living with diabetes, but we can help kids and adults learn to successfully navigate those challenges.

Last, **camp builds knowledge of diabetes**. Even those campers who have been coming to camp for many years continue to learn new strategies and approaches to caring for their diabetes at camp. These can range from learning about insulin pumps, to trying out “mini gluc,” to being inspired to wear a CGM. While everyone's experience and knowledge is different before coming to camp, it can always be expanded. Equally important, campers learn that challenge is a part of diabetes, and they learn tips and tricks from their peers about successfully navigating this.

As has been the case every summer since our founders Doc and Ellen began camp in 1938, there will be high and low blood sugars, there will be challenges, and homesickness, and worry. These aspects are as much a part of camp as the campfire and the hikes and the archery range; we see your kids thrive, and through *these challenges, they will learn and grow*.

While camp is a fun week away for your children, we hope it also provides a break for you, their parents and caregivers who work around the clock serving as your child's pancreas. You do such a tremendous job, and this is your time to recharge and to enjoy NOT worrying about carb counts, trend lines, and CGM alarms.

***Your kids are in good hands.***

Justin Altschuler, MD. Medical Director, DYF

## **Diabetes Care at Camp**

### **An Important Message About your Child's Diabetes at Camp:**

Your child's blood sugar levels may run lower or higher during their stay at camp than you may see at home. While they and their blood sugars are carefully monitored, variables such as new activities, new routine, excitement, and so on, will affect your child's blood sugar levels. Please know that camp works diligently to fine tune your child's diabetes control during their stay, but it is not always possible to have the same level of control that they may have at home. To address any diabetes concerns prior to camp, please give us a call.

### **Diabetes Care at Camp:**

Campers will be under the care of our highly qualified and trained staff. These staff include counselors and program staff (more than 70% have type 1 diabetes themselves), dietitians, certified diabetes educators, nurses, endocrinologists, and general practice physicians. Each group will consist of 8-11 campers, 2-3 counselors, and one healthcare professional. At every meal and snack, each camper meets one on one with their nurse to count carbohydrates and adjust insulin doses. The nurses report to the lead medical staff on duty, who then report to our Medical Director.

### **Diabetes Benefits at Camp:**

Aside from formal diabetes education, participants continually chat with staff and each other about living with type 1. Campers share tricks of the trade, experiences, and knowledge that enrich each other's lives and they know that they are not alone. It is very common for a child with diabetes to have a "first" at camp such as giving their own shot, trying a new pump site, or counting their own carbs. We celebrate and encourage these "firsts" at all programs.

## **Position Statement Regarding Value Judgment Placed on Blood Sugars**

**One of the unnecessary burdens that most people with diabetes experience is the value judgments placed upon blood sugar values (i.e. high numbers are bad; low numbers are good). The possible results of these value judgments include:**

- Children and teens hide high numbers, falsify the numbers, or avoid testing all together in order to keep from being judged.
- Children and teens identify themselves with their numbers (i.e. "I am a bad person when I have high numbers").
- Children and teens have secret lives unknown to their parents and physicians (i.e. hiding not only their numbers but eating when not observed).
- Depression is more common in children, adolescents, and adults with diabetes.
- Opportunities to learn how to adjust insulin for changes in eating patterns and exercise are missed.
- Blood sugars tend to be higher than they otherwise could be.

**At all DYF programs, our staff and volunteers attempt to approach blood sugars and carbohydrate counting in a neutral, non-judgmental manner. Some of the recommendations include:**

- Refrain from using judgmental language or actions when blood sugars are discussed (i.e. "your blood sugar is 450, how much insulin do you think you need?" Instead of "your blood sugar is 450!! What did you eat?")
- Do not react punitively when extra food is found in the camper's possession but rather work with the camper to adjust insulin for extra food.
- Recognize that it is impossible to have normal blood sugars all of the time once out of the honeymoon period.

**— ABOVE ALL —**

**Blood sugar numbers are nothing more than data with which to make decisions regarding insulin adjustment.**

**Written By: Dr. Mary Simon, MD and Maureen McGrath, MS, PNP-BC, BC-ADM**

## Food and Diet Philosophy at DYF Programs:

Diet has long been recognized as a cornerstone of diabetes management. In the early days of type 1 diabetes, people followed strict dietary rules, and the amount of fat, protein, and carbohydrates consumed was strictly controlled. When home blood glucose monitoring became readily available, this approach started to shift, and a more permissive approach to carbohydrate intake began, coupled with a de-emphasis on proteins and fats. To maintain stable blood sugar, insulin doses were adjusted in response to carbohydrate intake.

More recently, there has been a movement to limit carbohydrate intake in an effort to more easily maintain blood sugars. This issue— low carb or not— is currently confronting clinicians, diabetes camps, and T1D families. We do not yet have sufficient science to state the best approach, but we do know that glycemic control is not the only aspect of healthy living for people with diabetes. In fact, managing blood pressure, lipid profile, stress, kidney disease, and cardiovascular risk are important to the long-term health of all people, including those living with T1D. Limiting carbohydrates in favor of animal protein, for example, presents its own risks: high protein diets (particularly meat-based protein) have long been implicated in the progression of kidney disease, and are likely implicated in cardiovascular disease as well.

A healthy diet emphasizes produce, whole grains, and proteins, and limits processed foods, red meats, and added sugars. This diet-- high in fruits, vegetables, and whole grains, low in refined sugars, red meat, and processed foods-- has been termed the Mediterranean diet, and has been linked to a large number of important health outcomes. This diet will also tend to be lower in carbohydrate content than the typical western diet. Perhaps equally important, the carbohydrates in this diet will generally be complex carbohydrates, which tend to be easier to manage from a blood sugar perspective than a diet high in simple carbohydrates. The Mediterranean diet has demonstrated improvements on blood pressure, cholesterol, weight, and insulin sensitivity. Accommodating a low carb approach is possible within these parameters as well.

Like all advice, this can be taken to (unhealthy) extremes-- kids still need to be kids. Eating should be pleasurable and enjoyable, and following a Mediterranean diet should not change that. Moreover, highly restrictive diets for children can develop into disordered eating patterns, something that patients with T1D already struggle with to a disproportionate extent.

While it is helpful to understand what a goal diet might look like, it is important to realize that families have numerous demands when deciding what to eat, as do we at DYF programs. We are constrained by factors such as time, budget, varying food preferences, staff, supplies, remote location, etc. The diversity of the people we serve magnifies the challenges. **We view the guidance on dietary advice as an aspiration that guides us**, fully aware we will make trade-offs and compromises between competing needs, just like families do when deciding what to eat at home. We will continue to improve the quality of food served at our programs as

we work to meet the needs of our diverse DYF family.

Justin Altschuler, MD  
DYF Medical Director

## Food Allergies and Special Diets

We can accommodate the following food allergies and special diets at DYF Programs. For all other dietary concerns, please call us before your session so that we can work with you to find other solutions.

- Peanut & Other Nut Allergies
- Celiac Disease / Gluten Free
- Vegetarian
- Lactose Intolerance

We may be unable to accommodate the following. Please call us ahead of time so that we can discuss with you and find other solutions.



**Vegan**



**Egg Allergies**



**Kosher**

# Camp Packing List

## Dress Code

Clothing must be appropriate and comfortable for community living, participation in active games, and safety in an outdoor environment. Final decisions regarding the safety and appropriateness of clothing are made by the Camp Director and campers may be asked to change clothing.

- Undergarments must be covered.
- Shorts must be comfortable and allow for full participation in all activities.
- Clothing must be free of holes.
- Images and written content on clothing must be appropriate for all audiences.
- Closed toed shoes will be required for most activities at camp.

## To Consider When Packing for Camp

- Do not buy or bring new clothes to camp. Comfortable clothes are all that is needed.
- ***Please clearly label all belongings, including diabetes supplies.*** Please note that due to high mailing expenses, families may be charged for lost or forgotten items that must be sent home via mail. All unclaimed items will be donated to charity one week after the session.
- DYF bears no responsibility for damage to or loss of any items that are brought to camp.

## Things That Should NOT Be Brought to Camp

- Expensive jewelry and/or personal sports equipment including skateboards, archery equipment, or baseball equipment.
- Alcohol, drugs, tobacco, fire arms, knives (including pocket knives) or weapons (including bow/arrows).
- Electronics including video games, iPads, laptops.
- **Cell phones. Please review cell phone policy for more information. \***
- Food. Please do not send packages with food items.
- Pets and animals.
- Any mode of transportation including bikes, skateboards, and scooters.

*\*Cell phone are allowed at family camp for adults but not encouraged*



# Packing List:

***Kids Camp, Teen Camps, and Buddy Camp - Please label EVERYTHING!***

*If obtaining any of these items is a hardship for your family, please let us know ahead of time and we can help provide you with supplies.*

## **Clothing:**

- Long pants or jeans
- Shorts
- Long sleeved shirts
- Short sleeved shirts
- Underwear
- Socks
- Swimsuit
- Warm pajamas
- Poncho or rain gear (just in case!)
- Sandals
- Closed-toed shoes (required for participation in most activities)
- Warm jacket and/or sweatshirt
- Hat with brim for sun
- Warm hat for night

## **Toiletries:**

- Bath towel
- Pool towel
- Toothbrush
- Toothpaste
- Soap
- Shampoo/conditioner
- Comb/hairbrush
- Shower shoes/sandals
- Chapstick
- Skin lotion
- Bug spray (30% or less DEET)
- Sunscreen (SPF 15 or better)

## **Optional Items:**

- Sunglasses
- Hiking boots
- Camera
- Playing cards
- Musical instrument
- Books or magazines
- Paper, envelopes, and stamps to write letters

## **Equipment:**

- 1 warm sleeping bag
- Reusable water bottle
- Pillow with case
- Bottom sheet/mattress cover for twin bed
- Flashlight with extra batteries or headlamp
- Day pack or backpack for short hikes

## **Diabetes Supplies:**

### **Campers on insulin pumps should bring:**

- Infusion sets and reservoirs (one per day)
- Pump batteries
- Set inserter
- Tape/adhesive if needed
- Charger (if applicable)

### **Campers on insulin pens should bring:**

- Insulin pens
- Pen needles

### **Campers on CGM devices should bring:**

- 1-2 sensors
- Tape (if applicable)
- Charger (if applicable)
- Dexcom Receiver: cell phones are not allowed at camp sessions, even when acting as a CGM receiver.

### **\*We provide the following diabetes supplies\***

- Insulin in vials
- Strips
- Meters
- Lancet devices
- Glucagon
- Syringes
- Low supplies (juice, sugar cubes, glucose tabs, crackers)



## Communication at Camp

### **Phones:**

We do not allow phone calls between home and campers during the camp session. Missing home or being anxious about being away is natural for children and parents. Camp, with its supportive staff and volunteers, is the best place to allow your child to work through these feelings. Campers adjust more quickly to camp and experience less homesickness throughout the camp day. We find those who are expecting a call or a visit hang on to worries about home much longer.

If your child's homesickness is a concern or you are worried while your child is at camp, please feel free to call us. We also never hesitate to call home if a concern arises about your child while they are at camp.

### **Internet:**

At Bearskin Meadow Camp we have very limited internet that will be available to staff only.

### **Mail:**

Campers love getting mail at camp and we encourage mail at Bearskin Meadow Camp. We recommend sending mail one week ahead of time to ensure that it arrives when your camper is with us. Please do not send food.

#### **Bearskin Meadow Camp: USPS**

Camper's Name – Session Name (example: Suzie Smith- Kids Camp)  
P.O. Box 906  
KCNP, CA 93633

#### **Bearskin Meadow Camp: UPS**

Camper's Name – Session Name  
65000 Ten Mile Road  
KCNP, CA 93633

## Bus Schedules

*All campers will be traveling by bus to and from camp for Kids Camp, Teen Camp, and Buddy Camp.*

Session	Pick up Date	Drop Off Date
Buddy Camp	June 18 <sup>th</sup> , 2023	June 22 <sup>nd</sup> , 2023
Kids Camp	June 25 <sup>th</sup> , 2023	June 30 <sup>th</sup> , 2023
Teen Camp	July 8 <sup>th</sup> , 2023	July 16 <sup>th</sup> , 2023

*\* More information regarding bus stop locations will be shared as we finalize our transportation plan.*

### **PLEASE READ THE FOLLOWING CAREFULLY:**

1. The bus will not wait for late campers/parents.
2. Each child must have a lunch and water bottle for their trip to camp. We will provide a meal for the ride home.
3. Luggage must be labeled. Please label each item (including sleeping bag) with your child's full name. DYF will not be responsible for luggage that gets lost to/from camp or that gets left on the bus.
4. The DYF office will send you an email if the bus is running behind or ahead of schedule. Please check your email regularly on the first and last day of camp.
5. Please bring your child's filled-out insulin card along with any medications. Each medication must be clearly labeled with the child's full name. When the counselor asks, please hand them the insulin card and medications. Your child will not be allowed on the bus without the insulin card. No exceptions.
6. The bus will have phone contact with the camp, DYF and our Medical Director(s) or a designated representative, until it reaches Sequoia National Park. We will have blood glucose meters, insulin, glucagon, low supplies, ketone meters and other supplies on the bus. Please remember your child DOES NOT need diabetes supplies and SHOULD NOT bring them to camp except for insulin pump sets and CGM sensors.

## Preparing Your Child for Camp

Whether you are sending your child to camp alone for the first time or they are nervous to return after a summer off, we recognize that some campers need more time than others to get used to new routines and to adjust to engaging with others. As Bob Ditter, family therapist and contributing author to Camping Magazine, suggests, ***camp is "...a great opportunity for children to learn to manage emotions, tolerate individual differences and discover that they can resolve many issues on their own."***

As a parent, there are some important steps that can be taken in helping to prepare a child for summer camp and support them if they experience missing home.

- ✓ Involve your child in packing for camp. Do it together.
- ✓ Pack a favorite item like a favorite article of clothing or a small stuffed animal.
- ✓ Share stories about your first experience away from home when you were a child (keeping the story positive!)
- ✓ Encourage your child to share any concerns they may have with their counselors or another trusted staff member, and let the child know that their counselors are always there for them.
- ✓ Speak about the camp experience in a **positive** light. Oftentimes a child can sense their parents'/guardians' anxiety about camp and will react. Let the child know that they are going to have a wonderful time at camp, and that as parents, you are excited they are attending.

***The following are suggestions about what you as a parent might discuss with your child before they go to camp that will help your child be more successful during the session.***

- ✓ Every camper is part of a group, and we expect you to cooperate and help.
- ✓ If you are having a problem or needing help, your counselor is there to help you. You don't have to wait to tell us, you can tell your counselor or the Camp Director.
- ✓ Clean-up is part of camp. We expect you to participate.
- ✓ There are many new things at camp, and you may not like them all or be as good at some as you are at others. We expect you to try!
- ✓ Things will be different at camp than at home and that's okay! We can't wait to hear about everything when you get home.
- ✓ Go about making a new friend or two. If you are timid/shy about meeting someone new, ask about what they like and be a good listener.
- ✓ Not everyone has to be your friend, and you don't have to be everyone else's friend. If you have one or two good friends at camp, that's great! Everyone, however, is to be treated with respect.

If you are concerned that your child may have difficulty in adapting to camp life, please reach out to the Camp Director ahead of time so that we can work together to create a successful environment for your child.

If you want to know how your child is doing at camp, feel free to contact us at any time during your child's stay. We will connect you to their counselor, who will give you an update and share some stories.

## Cell Phone Policy at DYF Programs

At DYF Programs, we have a strict **no cell phone policy** for our campers. We know that this can be a big adjustment, so please read on for more information.

\*This rule does not apply to campers on a DIY Loop system and those who use a Freestyle Libre CGM without access to a reader.

1. Camp is a time to be outdoors! Camp is an opportunity for youth to put down their screens and enjoy nature.
2. Studies show that screens reduce a child's ability to learn social skills. One of our main goals at camp is to create positive, healthy friendships between peers and staff; we can't do this with the distraction of screens.
3. While we know that many people with type 1 diabetes use cell phones for CGM devices, the lack of wifi at camp will inhibit the use of the "share" function. Plus, nowadays a lot of CGMs are integrated into the insulin pump. If your child is wearing a Dexcom CGM while at camp and it is not integrated into their pump, they need to switch over to their receiver for the day. As a reminder, you got a receiver with your original Dexcom prescription. You can reach out to your healthcare provider if you need help getting a new one.
4. Cell phones are expensive and fragile. At camp we lead an active lifestyle. Phones are likely to get damaged and will be much safer left at home.
5. We know that phones aren't just for calls and texts. Please prepare your child now with a different type of camera (a disposable camera labeled with their name works great!)

Our cell phone policy will be strictly enforced by our staff, and we need your help by keeping those phones at home! If a camper is found with a phone at camp it will be taken away and returned at camper pick-up.

***\*Cell phones are allowed at family camp for adults only but we do not encourage cell phones at camp***

## Commitment to Inclusion at DYF Programs

Diabetes affects people from all walks of life, and DYF works to ensure that everyone, regardless of ability, sexual orientation, gender identity, race, age, cultural background, ethnicity, faith, gender, ideology, income, medical condition, or national origin, has the opportunity to grow positively in their personal development and diabetes management skills.

A diverse and inclusive DYF community is key to developing healthy children, and is of value to participants, staff, and volunteers. At DYF programs all people are expected to engage in respectful communication, and our staff are models for inclusive relationships. We teach our participants to recognize that diabetes is the common thread that binds us together, and to celebrate the uniqueness of each individual.

## Camper Behavior Policy: DYF Programs

DYF provides safe and accepting programming. Every participant's cooperation is needed to build an environment where each person is able to learn, grow, and be part of a supportive community.

***Participants who cannot abide by these rules should not attend.***

### **Rules of Conduct at DYF Programs:**

- Smoking, vaping, and/or the use of any tobacco product is not permitted at any DYF program nor on the bus to and from any program.
- The use of and/or presence of alcohol, drugs, and/or tobacco products are not permitted at any program.
- Participants will not engage in sexual contact of any nature nor form exclusive relationships.
- Participants will focus on courtesy, cooperation, respect and responsibility and will not intentionally harm another person or themselves physically or emotionally.
- Fighting, foul language, racist language, homophobic language, name calling, bullying and threats are not tolerated.
- Unless otherwise specified, participants will not bring candy or food items.
- Cell phones are not permitted. Please see the handbook for details.
- Clothing must be appropriate and comfortable for community living, participation in active games, and safety in a forested environment. Final decisions regarding the safety and appropriateness of clothing are made by the Camp Director and campers may be asked to change clothing.
- Participants will respect themselves, others, the facility, and its surrounding property. Participants will not take personal property, or destroy facilities or surrounding areas.
- Firearms, knives (including pocket knives) and any other weapons are not allowed.
- Pets and animals are prohibited. If your child plans to bring a service animal to a DYF program, please contact DYF directly so we may partner together.

- Any modes of transportation including bikes, skateboards or scooters, unless pre-approved by the Camp Director are prohibited.
- Participants are expected to follow the rules. Behavior that is inappropriate or unsafe is not tolerated.

### **Participants who persist in Not Following These Rules:**

- Will be dismissed from the program.
- Must be picked up by a parent, guardian, or representative designated by parent/guardian. If a parent or guardian refuses to pick up their child at any program upon request, child protective services will be called.
- Risks losing the privilege of participation in future DYF programs.

## **Lice Policy at DYF Programs**

*DYF requires that all participants be free of nits and lice prior to attending a program.*

Therefore, **parents/guardians must perform a head check of each camp participant 24 hours before the start of the program.** Parents may be required to sign an acknowledgement at drop-off stating that their child has been checked.

- If nits/lice are found prior to the program or at drop-off, the camper will stay at home.
- If nits/lice are found during camp, the camper will be removed from their group and their parent/guardian will be called. The parent/guardian will decide if they would like to pick up their child from camp or if they would like DYF to facilitate transportation to a professional treatment center. The parent/guardian will be responsible for payment of the treatment services. If nits/lice are found during camp, the camper's extra clothing will be put in high heat for at least one hour.

For more information about how to screen for lice, please visit

[http://www.babycenter.com/0\\_how-to-tell-if-your-child-has-head-lice\\_66430.bc](http://www.babycenter.com/0_how-to-tell-if-your-child-has-head-lice_66430.bc)

## **Immunization Policy at DYF Programs**

**Campers attending DYF programs are required to have current immunizations** based on California law, the standards set by the American Academy of Pediatrics, and the recommendation of the Center for Disease Control. Due to the nature of the camp and the communal living in which it takes place, public health and safety is of utmost importance at DYF programs.

Vaccination records will be requested in pre-camp paperwork, and those with a valid exception will be asked to complete a waiver.

Per California law, policy exceptions exist for those who have a physician-documented, medical reason for being unable to receive a particular vaccination.

For more information on vaccination schedules and recommendations, see the resources below:

<https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

<https://www.aap.org/en-us/advocacy-and-policy/aap-healthinitiatives/immunizations/Pages/Immunizations-home.aspx>

All camp participants aged 18 and over are required to have their COVID-19 vaccine. Campers age 17 or younger are not required to have the COVID-19 vaccine but HIGHLY encouraged. Our camp staff are expected to have received the COVID-19 vaccine by the start of summer.

## **Internet Use Policy and Social Media**

In general, DYF views social networking sites (e.g. Facebook, Instagram, TikTok, Twitter, etc.) and personal websites/blogs positively and respect the rights of participants to use them as a medium of self-expression. If a participant chooses to identify him or herself as a participant at one of our programs on such Internet venues, some readers of such web sites, blogs or social media accounts may view the participant as a representative or spokesperson of the organization. In light of that possibility, our organization requires, as a condition of participation in our programs, that participants observe the following guidelines when referring to the program, the organization, its programs and activities, its participants, and/or employees, in any and all internet mediums/venues.

**In all postings/communications related to or referencing the organization, the program, its employees, and other participants, participants must:**

1. Be respectful.
2. Refrain from use of obscenities, profanity, and vulgar language.
3. Not disparage the program, other participants, employees or volunteers of the program or organization.
4. Not harass, bully or intimidate other participants or employees/volunteers of the organization. Behaviors that constitute harassment and bullying include, but are not limited to, comments that are derogatory with respect to race, religion, gender, sexual orientation, color or disability; sexually suggestive, humiliating or demeaning comments; and threats to stalk, haze, or physically injure another person.
5. Not discuss engaging in conduct that is prohibited by program policies including, but not limited to, the use of alcohol and drugs, sexual behavior, sexual harassment and bullying.



Parents/Guardians must give written permission to DYF if they wish for a minor to share contact information with an employee/volunteer. This includes participants giving or receiving email addresses, exchanging cell phone numbers, social networking profiles, blogs, or other internet contact. Once staff and volunteers leave programs, we cannot take responsibility for what happens between participants and staff & volunteers.

Any participant found to be in violation of any portion of this Internet Use Policy will be subject to immediate disciplinary action, including but not limited to, dismissal from the program and the inability to attend future programs.

## **Parent Phone Call Timeline: DYF Programs**

- **Calls to be completed immediately following incident:**
  - Injuries that require care that cannot be conducted at camp.
    - Possible fractures/breaks, lacerations/cuts, x-rays, stitches, etc.
- **Calls to be completed within 5 hours of incident:**
  - Ill with ketones
    - If a camper is vomiting or feeling ill AND has ketones, a parent will be notified within 5 hours.
    - Those who need a site change and injection, but feel fine otherwise, will not have a parent notified.
  - Campers violate a camp rule that puts them in jeopardy of being sent home and/or a behavior contract is written.

## **Participant Outcomes**

At DYF Programs our hope is that your child not only grows in diabetes self-care and management, but also in their development. Listed below are the participant outcomes we hope that your child achieves in our camping programs.

### **1. Participant demonstrates increased knowledge about the outdoors.**

- a. Stays on trail
- b. Can identify flora and fauna surrounding camp
- c. Carries out all trash from campsite

### **2. Participant demonstrates a deeper appreciation of regular physical activity utilizing the outdoor environment including hiking and/or backpacking and/or nature exploration.**

- a. Familiar with hiking trails departing from camp
- b. Shows interest in joining programs involving outdoor activity for next year's

camp season

- 3. Participant sees themselves as a steward and ambassador of the outdoors.**
  - a. Chooses rugged terrain when traveling cross country to minimize impact
  - b. Collects fire wood from existing and dead debris surrounding campsite
  - c. Does not pick wildflowers or damages other flora
- 4. Participant demonstrates increased confidence in diabetes management and diabetes decision making.**
  - a. Can count the carbohydrates in their own meal
  - b. Suggests possible insulin dosages to medical staff and/or parents
- 5. Participant demonstrates increased independence in diabetes management.**
  - a. Checks blood glucose without reminder
  - b. Recognizes personal symptoms of hypo and hyperglycemia
  - c. Self-administers insulin injections
- 6. Participant understands the different types of insulin and technology available to adjust and administer insulin levels.**
  - a. Recognizes various insulin pumps
  - b. Knows the difference between long acting and short acting insulin
- 7. Participant knows and understands how to identify and treat hypo and hyperglycemic episodes especially during high and low activity periods.**
  - a. Chooses fast acting carbohydrates such as sugar cubes when experiencing hypoglycemia
  - b. Recognizes personal symptoms of hypo and hyperglycemia
  - c. Parent will also report changes in home behavior
- 8. Participant demonstrates an increased sense of diabetes responsibility upon returning home.**
  - a. Checks blood sugars more frequently
  - b. Closely monitors blood sugar pre and post times of increased physical activity in order to prevent severe hypoglycemia
  - c. Parent will also report changes in home behavior
- 9. Participant sees the self as a useful and valued member of the camp community by camp peers and adults.**
  - a. Offers input to counselors when selecting an activity
  - b. Participates in group discussion
- 10. Participant feels encouraged to do well in school and home community.**
  - a. Completes tasks to the best of their ability as assigned
  - b. Faces challenges with a positive attitude
  - c. Parent will also report changes in home behavior

**11. Participant is aware of, and confident in, the steps of group and individual decision making.**

- a. Voices opinions and concerns in a respectful manner
- b. Actively listens when others speak
- c. Takes other's opinions into consideration

**12. Participant has increased friendship-making skills.**

- a. Plans to communicate with fellow campers post camp
- b. Actively listens and engages in conversation with peers
- c. Parent will also report changes in home behavior

**13. Participant reports having increased self-esteem.**

- a. Introduces self to a new person
- b. Engages in conversation
- c. Parent will also report changes in home behavior.

**14. Participant reports feeling optimistic about personal future.**

- a. Confident in diabetes management
- b. Makes plans for the future
- c. Parent will also report changes in home behavior

**15. Participant shares diabetes knowledge learned at camp with peers, family, and school personnel.**

- a. Talks openly and willingly about their disease
- b. Demonstrates ability to administer own injection/check blood sugar/etc.
- c. Parent will also report changes in home behavior

**16. Participant shares enthusiasm about outdoors gained at camp with the surrounding community including peers, and family.**

- a. Shares stories camping experience with friends
- b. Exemplifies "Leave No Trace" principles in outdoor settings
- c. Parent will also report changes in home behavior

**17. Participant encourages peer participation in outdoor activities.**

- a. Encourages friends to join them next year
- b. Identifies flora and fauna for peers
- c. Parent will also report changes in home behavior

# Bearskin Meadow Map



A few things to note:

- Camp is dusty and dirty; you won't stay clean for long!
- We are located deep in the Sequoia National Forest. Expect lots of trees and some friendly critters.
- We have three camp mascots: Bruno (the big bear), Chip (the little bear), and Quasimodo (the turtle).
- We have lots of people who don't love camping and absolutely love Bearskin. While our decks are rustic, we have indoor restrooms with hot showers, a beautiful medical center, and a large dining hall.