**Active 4 Life Application Form**

*Note: not all children who apply will be guaranteed a spot. This camp is specifically designed for children who have diabetes or who are at risk for developing diabetes later on in their life. Children can be referred to this program by a doctor. If your child is accepted there will be some baseline testing done (weight, height, BMI).*

**Child’s Name: Male/Female:**

**Date of Birth (mm/dd/yyyy): Home Phone:**

**Mailing Address: City: Province**

**Postal Code:**

**Family Doctor’s Name: Phone:**

**I consent to have my child’s photo taken and published. Photos or videos may be used in promotional materials?** Yes or no

**What is your child’s t-shirt size?** Adult small, adult medium, adult large, adult extra large

**Does your child have diabetes, if so which one:** Type 1 or Type 2 or none

**If none, is there concern that your child might be at risk at developing diabetes?** Yes or no

**Has a doctor indicated they are at risk?** Yes or no

**What are the risk factors that your child has?** Weight, family history, nationality, health complications associated with diabetes, diagnosed with pre-diabetes, high blood pressure, **abnormal cholesterol and triglyceride levels,** polycystic ovary syndrome, Acanthosis nigricans (darkened patches of skin), diagnosed with psychiatric disorders: schizophrenia, depression, bipolar disorder, diagnosed with obstructive sleep apnea, and/or prescribed a glucocorticoid medication by a doctor.

**As a parent and/or guardian are there any educational sessions you would like to attend?** Nutritionist (healthy eating, reading nutrition labels), dietician (meal planning, budgeting grocery shopping), exercise physiologist (being active at home), pre-diabetes (what to change, how to manage blood glucose, increase physical activity etc.) other.

**If your child is diabetic answer the following:**

**Year of diagnosis: Insulin is administered by:** injection or pump

**Does your child.......**

1. **Know steps in preparing insulin?** Yes, no or sometimes
2. **Know how to give own insulin?** Yes, no or sometimes
3. **Recognize symptoms of low blood sugar?** Yes, no or sometimes
4. **Know how to treat low blood sugar?** Yes, no or sometimes
5. **Know symptoms of high blood sugar?** Yes, no or sometimes
6. **Participate in making insulin adjustments?** Yes, no or sometimes

**Is there any other medical information that we should know about?**

**Parent/ Guardian Information:**

**Parent/Guardian Name: Relationship to Child:**

**Home Phone: Cell Phone:**

**Work Phone:**

**Parent/Guardian 2’s Name: Relationship to Child:**

**Home Phone: Cell Phone:**

**Work Phone:**

**Emergency Contact Numbers (***please give the names of other persons, who can be contacted* ***if you cannot be reached*** *in case of an emergency)*

Alternative Contact #1 Address: Phone Number: Relationship to Camper:

Alternative Contact #2 Address: Phone Number: Relationship to Camper:

