

FCCYD Is Back In Palm Beach!

With Mary Vaccarello, M.D.
Colette Meehan, M.D.
& Andres Torrens, LCSW



Welcome to a weekend designed for youngsters with Type 1 diabetes who have the option of bringing a friend or relative to camp who **does not have diabetes**. Campers and their friends will be in the same cabin so they should be the same sex and approximate same age. *Camp is open to youngsters ages 5-12.*



Cost is \$70/Camper.
Scholarships are available

Applications are considered in the order they are received with priority given to newly diagnosed youngsters

For a paper application, financial aid, or any other questions regarding the weekend, please contact Chris at:

Phone: (352) 334-1470

Email: cstakerun@gmail.com



New for 2018

On Sunday morning, parents are invited to arrive at camp between 9:00 a.m. and 10:00 a.m. to participate in break-out sessions and talks led by the FCCYD team of experts. All camp activities will conclude at 12:00 p.m.



Online Registration Instructions:

From Camp's Webpage at
www.floridadiabeteescamp.org

Returning campers should click on "Camp Login" in the upper right hand corner, enter their email and password, and follow steps 5 thru 6.

New campers should click on "Register for Camp" in the upper right hand corner and follow steps 1 thru 6.

- 1) Click on the green Register Online Box
- 2) Enter Parent/Guardian Information and preferred email address.
- 3) Create Password
- 4) Select 2018 Camp Session and Palm Beach Bring-A-Friend Weekend.
- 5) Enter Camper Information and complete Camper Application
- 6) Additional Information will be emailed to you prior to Camp.

Registration Deadline:

March 20, 2018



The
Florida
Diabetes Camp
And
Pediatric
Endocrinology &
Diabetes Specialists
Present
Palm Beach
Super Heroes &
Villains 2018

A Weekend for Children with type 1
Diabetes and Their Friends
(Ages 5-12)

Saturday, March 24, 2018
8:30 a.m.
to

Sunday, March 25, 2018
12:00 p.m.

Everglades Youth
Conservation Camp
12100 Seminole Pratt
Whitney Road
West Palm Beach, FL
33412

SUPERHEROES

REGISTRATION FORM- T1D Camper + Optional Friend

Palm Beach Area Bring A Friend

March 24-25, 2018 at Everglades Youth Conservation Camp in West Palm Beach, Florida
 Open to Campers Ages 5-12. Register Early - Space is limited!

Camper's Name:		Gender:		Birth Date:		School Grade:	
Street Address:		City / State / Zip:		Home Phone:		State County:	
Parent/Guardian Name (Mom):		Parent/Guardian Name (Dad):		Cell Phone:		Work Phone:	
Email Address:		Does child live with you? Yes No		Email Address:		Does child live with you? Yes No	
DIABETES INFORMATION							
Endocrinologist Name:		Latest A1c:		Date of Latest A1c:		Can you child tell when their blood sugar is low?	
Insulin(s):		Insulin Pump? Yes No		Brand? Yes No		Continuous Glucose Monitor (CGM)? Yes No	
OTHER MEDICAL INFORMATION							
Please list any other medical problems:							
Date and nature of any operations, hospitalizations or injuries:							
Other non-diabetes medications:							
Drug Name		Dose		Reason			
Please list any allergies and their symptoms:							
Does the camper use an epi-pen? (if yes, please bring it with you to camp)							
Any food restrictions?							
OPTIONAL FRIEND INFORMATION							
Camper's Name:		Friend or Sibling with Diabetes:		Today's Date:			
Street Address:		City / State / Zip:		Home Phone:			
Parent/Guardian Name (Mom):		Parent/Guardian Name (Dad):		Work phone:		Cell phone:	
Email address:		Cell phone:		Email address:			
FRIEND'S MEDICAL INFORMATION							
Medications (please bring any needed medications to the camp):							
Drug Name		Dose		Reason			
Please list any allergies and symptoms:							
Does the camper use an epi-pen? (if yes, please bring it with you to camp)							
Any Food Restrictions?							
REGISTRATION AND PAYMENT \$70 PER CAMPER							
Registration fee of \$65.00 per camper includes snacks on Friday, breakfast, lunch, diner, snacks on Saturday, and breakfast and snacks on Sunday, and lodging for Friday and Saturday night. Please email, mail or fax this form to Florida Diabetes Camps. Check: Payable to FCCYD, PO Box 14136, Gainesville, FL 32604							
Name on Credit Card:		CC#		Exp. Date:		Total Amount: \$	