



2017

Dear T1D Families:

Welcome to the annual Berks T1D Family Camp! We are excited to offer a unique family camp experience at South Mountain YMCA, located at 201 Cushion Peak Road, Wernersville, PA, 19565, September 9-10, 2017.

Family Camp is an opportunity for you to meet other people and families dealing with Type 1 Diabetes. The formal programming begins Saturday morning with a light breakfast and ends at noon Sunday. There will be vendors from many pharmaceutical and diabetes supply companies available so you may ask questions and get information on new treatments and technology. Plus, you'll have plenty of free time to mix and mingle!

Programs for adults and parents include topics as diverse as research updates, new technology, the emotional impact of diabetes on families, and others. There will be ample opportunities to share your tips and strategies as well as ask about the challenges you and your family are currently facing.

Your children will be kept busy with ~~an exciting~~ variety of activities including arts & crafts, games and nature hikes. All children will be supervised by South Mountain YMCA staff and accompanied by volunteer staff who have experience with Type 1 Diabetes. Before the beginning of each session, there will be a formal handoff to the counselors, ensuring your child is properly supervised throughout the weekend, either by you or the volunteers. Whether your child has diabetes or is a sibling of someone with diabetes, s/he will have the chance to become friends with other children who understand what it is like to be in a family impacted by diabetes. (Note: All staff and volunteers have undergone a Pennsylvania State background check.)

For more information, please email [info@berkst1dconnection.org](mailto:info@berkst1dconnection.org)

We hope you and your family will join us for a great weekend!

Sincerely,

Denise A. Pasko  
President, Berks T1D Connection



**AUTHORIZATION TO DISCLOSE PERSONAL HEALTH INFORMATION  
HIPAA (Health Insurance Portability and Accountability Act)  
Please fill out for each camper**

Camper Name: \_\_\_\_\_

Camper's Date of Birth \_\_\_\_\_

Name of Custodial Parent /Legal Guardian \_\_\_\_\_

I hereby authorize Berks T1D Connection ("Berks T1D") to release the above named Camper's Personal Health Information (PHI) as described below:

The purpose of this disclosure is to promote the Berks T1D Camp program, publicize the Berks T1D Camp program, and/or fund-raise for the Berks T1D:

The PHI to be disclosed is limited to the following:

Camper photograph or likeness

The PHI may be disclosed as part of the Berks T1D's marketing efforts, including but not limited to, mailing list development for Camp, a brochure promoting Camp or other educational program, or fundraising events of the Berks T1D.

Expiration date: This Authorization shall expire December 31, 2030.

Right to Revoke: I understand that I have the right to revoke this Authorization at any time by giving the written notice of the revocation. I understand that any revocation will not apply to any disclosure that has already been made in reliance upon this authorization. I understand that I have the right to refuse to sign this Authorization and that my refusal will not affect my child's ability to receive treatment, get payment for treatment, or attend camp. I understand that I will be given a copy of this signed Authorization if requested.

A copy of this document is valid as an original. The original is not required to be shown.

\_\_\_\_\_  
Custodial Parent's/Legal Guardian's Name (print)

\_\_\_\_\_/\_\_\_\_\_  
Custodial Parent's/Legal Guardian's Signature / Date

\_\_\_\_\_  
Relationship to Camper



**HEALTH INFORMATION  
BERKS T1D CONNECTION FAMILY CAMP 2017  
TO BE COMPLETED BY PARENT/GUARDIAN**

**PLEASE NOTE: PARENTS WILL BE RESPONSIBLE FOR ALL TESTING AND ADMINISTERING ALL MEDICATIONS DURING CAMP. CHILDREN WILL BE ESCORTED TO PARENTS FOR THESE PURPOSES. OUR VOLUNTEERS ARE NOT AUTHORIZED TO ASSIST WITH TESTING OR ADMINISTERING DRUGS OR TREATMENTS OF ANY KIND. THIS INFORMATION IS BEING COLLECTED FOR EMERGENCY PURPOSES ONLY.**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Does your child have any health conditions or concerns that the Camp and the Volunteers should be aware of? (Type 1 Diabetes, allergies that would require the use of an Epi-pen, or asthma that requires the use of a rescue inhaler, for example.)

***Please list all children and conditions individually.***

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\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



**BERKS T1D CONNECTION  
Hold Harmless Agreement  
Family Camp 2017**

I, as a parent or guardian of this/these camper(s), \_\_\_\_\_

\_\_\_\_\_ understand that Berks T1D Connection takes reasonable precautions to insure that Berks T1D Connection Family Camp programs and activities are conducted by qualified personnel in a safe and responsible manner. However, I further understand that these activities involve certain risks and may include but are not limited to: horseback riding (including the inability to predict a horse's reaction to sound, movement, objects or animals, and the inability to predict the hazards of surface/subsurface conditions), ropes courses, climbing, zip line, swimming, water sports, land sports, target sports (including archery, trap, riflery, BB's), overnight camping, boating, bicycling, hiking, amusement park rides, bus trips, weather conditions, plants, insects and rugged terrain. I recognize these risks and agree to assume these risks by allowing my camper(s) to attend Berks T1D Connection Family Camp and participate in these programs. I hereby release, indemnify and hold harmless Berks T1D Connection, their officers, agents and employees from all deriving from my camper's presence at Berks T1D Connection Family Camp or Berks T1D Connection sponsored trips and activities whether arising from an act or omission, negligent or otherwise, to the fullest extent permitted by law.

Permission is granted for my child(ren) to participate and I understand that by signing this form, I am voluntarily and knowingly accepting responsibility for my child's/children's participation in the Berks T1D Connection Family Camp program.

Parent/Guardian Name (printed): \_\_\_\_\_

Parent/Guardian (signature): \_\_\_\_\_ Date \_\_\_\_\_