
Fact Sheet: **The Rights of Children with Diabetes in Camp**

Both summer camps and year-round camps are an opportunity for children to have fun and let loose. The end of the school day – or even better, the end of a school year—provides children with a well-deserved break from class work, tests, and teachers! Instead, children get to enjoy some of their favorite activities outside the classroom such as sports, swimming, arts and crafts, drama, bonfires, s’mores, singing and more. Not only that, but children get to enjoy those activities with their friends and make new friends. Camps should be an enjoyable and memorable experience for all children, including children with diabetes.

Are children with diabetes protected by federal law?

Yes. The Americans with Disabilities Act (ADA) is a federal law that prohibits discrimination on the basis of disability. It works to make sure that people with disabilities are able to enjoy the same opportunities, and to participate in the same activities as people without disabilities.

A disability under the ADA is a “physical or mental impairment that substantially limits one or more major life activities.” Diabetes qualifies as a disability under the ADA because it substantially limits the functioning of a person’s endocrine system, a major life activity. So, essentially all children with diabetes, both type 1 and type 2, are protected by the ADA.

Also, if a camp receives federal funding, it is also covered by Section 504 of the Rehabilitation Act (Section 504). Section 504 and the ADA provide similar protections to children with diabetes.

How does the Americans with Disabilities Act apply to summer camps?

Under the ADA, private and public camps (such as those run by towns or municipalities) may not discriminate against campers with diabetes. Discrimination includes:

- Denial of access to or participation in the camp program
- Denial of the same services and programs offered to children without diabetes
- Requiring separate services: children with diabetes should not be secluded or segregated
- Standards for admission that tend to screen out children with diabetes
- Denial of reasonable modifications

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What are reasonable modifications??

Camps have to make “reasonable modifications” to their policies, practices and procedures when necessary to enable campers with disabilities to participate fully in camp programs. These modifications are similar to services provided as part of a Section 504 plan and must be provided at the camp’s expense.

The Department of Justice and other government agencies have investigated camps for potential violations of the ADA and have entered into settlements with those camps requiring them to modify their policies and practices.

What are some examples of reasonable modifications that camps should provide??

Camps should train staff members so they can help with the following diabetes care:

- **Blood glucose monitoring:** If blood glucose (sugar) is out of target range, a child may be at risk for both short-term emergencies and long-term complications. Some children cannot self-test blood glucose and would need help from a staff member.
- **Carbohydrate counting:** In order to know how much insulin a child should get, it is necessary to know how many carbohydrates the child has eaten or is about to eat. Young children and kids still learning math may need help.
- **Insulin administration:** This can be either through injection by a syringe or pen, or through an insulin pump. The standard of care for children with type 1 diabetes is to give them multiple daily dosages of insulin, either through injection or through the pump.
- **Glucagon administration:** If a child experiences very low blood glucose (hypoglycemia), an injection of glucagon can save his or her life. Glucagon® is a rescue medicine that must be used right away. Staff should be trained to use this life-saving medication.

All staff members responsible for children with diabetes should be trained to know the warning signs of low and high blood glucose (hypoglycemia and hyperglycemia) and know how to get help.

The signs of hypoglycemia (low blood sugar) include:

- Shakiness or dizziness
- Nervousness or sweating
- Hunger
- Headache
- Pale face
- Anger, sadness, confusion, stubbornness or crankiness
- Fainting or clumsiness
- Tingling feeling around mouth
- Seizure

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The signs of hyperglycemia (high blood sugar) include:

- Frequent urination
- Extreme thirst or hunger, even after eating or drinking
- Feeling weak or tired
- Blurry vision or can't see clearly

Can a camp refuse to allow my child to participate in certain camp activities such as boating, swimming, archery or other sports?

No. Any activity offered to children without diabetes must be offered to children with diabetes. Camp staff must be trained and available to provide care to ensure that children with diabetes can safely perform these activities. Children must have access to their diabetes care supplies and have permission to check blood glucose, eat, drink water, and use the restroom whenever necessary.

Does it matter whether my child attends a day camp or sleepaway camp?

No. In either case, the camp is responsible for providing diabetes care to your child. If your child attends a sleepaway camp, your child must have access to his or her diabetes supplies at all times and staff must be available to provide needed care.

Can a camp require that I attend field trips in order for my child to attend?

No. It is the camp's responsibility to provide appropriate care to your child during all camp activities, including during field trips. Camps cannot exclude a child from a field trip because a parent is unable to attend.

May a camp EVER deny participation to a child with diabetes?

Yes. There are two main exceptions to the above rules:

1. Camps do not have to admit a child if there is a direct threat to the health or safety of others. In practice, it is very difficult for a camp to show that a child poses a direct threat:
 - o Risk must be actual and based on current medical evidence, not on stereotypes and generalizations
 - o It is not a direct threat if reasonable modifications, including better diabetes care, can reduce risk to safe levels
 - o Factors that should be considered include: the nature of the risk, the duration of the possible harm, the severity of the risk, and the probability that the harm will occur
2. Camps are not required to provide reasonable modifications if doing so would fundamentally alter the nature of the program. This sometimes means a camp does not need to hire full time staff to give care if that is not normally part of their program.

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Is there a difference between private and public camps?

There are slight differences in the laws for private and public camps. Private camps are usually “public accommodations” under Title III of the ADA while public camps qualify as “public programs” under Title II of the ADA.

If either type of camp receives federal funds, it will also be covered by Section 504. Children who attend public camps or camps that receive federal funds may have slightly greater protections under federal law.

But in practice, there is little difference between what a public and private camp is required to provide for children with diabetes. So, whether your child attends a public or private camp, you should ask that the camp provide reasonable modifications so that your child can enjoy the same camp experience as the other campers.

What about religious camps?

Religious camps and truly exclusive membership clubs are not covered by the ADA. This means they may be able to screen out children with diabetes, and may not have to provide diabetes care. However, a religious or exclusive membership camp may be covered by Section 504 if it receives federal funds.

Under Section 504, a private camp (religious or non-religious) that receives federal funds must not exclude children with diabetes or deny them the benefits of its programs. Like other camps, it must make reasonable modifications to make sure children with diabetes can access its camp.

Even if Section 504 or state antidiscrimination or diabetes care laws do not apply you can still ask for fair treatment. Education, negotiation, and appealing to religious or moral values can all make a difference.

Do any state laws apply?

Maybe. Although federal laws provide protection for children with disabilities, state laws often impact whether a non-health care professional may administer insulin injections and emergency glucagon. Many states have specific laws, regulations or state Board of Nursing policies that say who may administer insulin or glucagon. On the other hand, some states have not passed laws that deal with medication or services related to diabetes.

Understanding state law is a useful tool to help advocate on behalf of your child and educate the camp. For more information on state laws or regulations contact 1-800-DIABETES or AskAda@diabetes.org. You may also visit our Safe at School website at www.diabetes.org/safeatschool.

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What are some tips for making my child's summer camp experience a great one?

Preparation and communication can make a big difference in how a camp responds to a request to provide diabetes care or services. Below are some practical tips and tricks.

When planning for camp:

- Become familiar with laws that protect your child's right to safely participate in camp
- Start thinking about what services your child might need before the program begins
- Open communication lines with the camp early so they have time to prepare
- Work with your child's health care provider to develop a written care plan
- Be reasonable and open-minded when requesting diabetes care modifications and services
- Make sure your child is individually assessed and that decisions are not made based on generalizations or stereotypes

When camp is starting:

- Review the care plan with the camp to determine how your child's needs will be met
- Be a resource to the camp by educating them and recruiting people to train their staff
- Make sure that the diabetes care services are well understood by all responsible staff
- Provide all diabetes supplies, equipment, snacks, insulin or other diabetes medication

During the camp program:

- Work with camp staff as a unified team, not as opponents
- Keep the lines of communication open throughout the duration of the program
- Use positive reinforcement by showing appreciation for care that is being provided
- Keep records of all relevant conversations, documents, e-mails and letters with camp staff

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What steps should I take if my child is not getting fair treatment?

- **Educate:** Explain to staff what diabetes is and how it affects your child. Be prepared to give information to prevent problems and also when problems arise. You can do this with a written plan, or through staff training. The Association has many resources to help.
- **Negotiate:** Try to listen to camp staff concerns, and clearly communicate yours. Make sure you know about and participate in all meetings about your child's diabetes. Even after you have a plan in place, you still may need to educate and work with staff to make sure your child's needs are being met. It is easier if everyone can work out an agreement.
- **Litigate:** If your child continues to be discriminated against, you have the right to file a complaint or lawsuit. The process is different for each law and you may need an attorney.
- **Legislate:** If the laws are not protecting children with diabetes, the laws might have to change.

What are the American Diabetes Association Diabetes Camps?

While we firmly believe that children with diabetes can and should have enjoyable experiences at all camps, the American Diabetes Association Diabetes Camps allow children to have a great time participating in traditional camp activities while connecting with other children with diabetes. Health care professionals oversee daily diabetes care and help campers learn to live successfully with their diabetes. For more information and to find a camp near you, visit our webpage at: www.diabetes.org/community/camp.

I have a specific issue that I need help with. Who can I contact?

If you have more questions or need help with a particular problem, please contact the American Diabetes Association® at **1-800-DIABETES** or at askada@diabetes.org for free information.

Important Note: This document describing the legal rights of individuals with diabetes is for your general information and review only. It is not a substitute for the advice of legal counsel, especially with respect to state or local laws.