



INSULIN DOSING FORM FOR CAMPERS ON INJECTIONS

To be completed just before camp, and brought with you to check in. Do not fill in the highlighted areas; those are for camp staff use only.

Camper Name _____

Long Acting Name _____ Pen Syringe _____ Dose _____ Time

Quick Acting Name _____ Pen Syringe

Dose Changes at Camp [To be Completed by Staff Only]	
Long Acting	Quick Acting
_____	_____
_____	_____

Scale for Blood Sugars

BS Range	Insulin Given	Changes Note Here [Staff Only]

Scale for Ketones

Ketone Level	Insulin Given	Changes Note Here [Staff Only]
Small		
Moderate		
Large		

Amount of Insulin Given in Units for Every Gram of Carbohydrate

MEAL	Grams of Carbs	Insulin Given	Changes Note Here [Staff Only]
Breakfast			
AM Snack			
Lunch			
PM Snack			
Dinner			
Bedtime Snack			

Adjustments for Activity
