



CAMPER DIABETES INFORMATION

CAMPER'S NAME _____

DUE MAY 1ST : BIG SHOTS
DUE JUNE 1ST : LITTLE SHOTS

Date Completed _____

Physician for Diabetes Care: _____, M.D., D.O.

Physician Address: _____
Street City State Zip

Physician Phone: (____)____-____ Physician Fax: (____)____-____

Type of Diabetes: Type 1 Type 2 Date of Diagnosis ____/____/____ Age when diagnosed ____

Current Hemoglobin A1C result _____ Date ____/____/____ Age at Camp _____

Recent Hospitalizations due to diabetes (date and explanation)

History of Diabetic Ketoacidosis (DKA), severe low(s), or other diabetes-related complications

Blood Glucose Monitoring

Target Range for blood glucose: _____ to _____ mg/dl

Type of Monitoring: Meter Brand _____
 Continuous Brand _____

Can camper perform own blood glucose testing: YES NO Record Results: YES NO

I will bring my camper's working meter and test strips, clearly labeled.
Single use lancets, control solution, and alcohol swabs will be provided.

I will bring recent week's blood glucose readings, carb intake and insulin doses to check-in using the record sheet provided.

I will bring extra supplies for the continuous glucose monitor, clearly labeled

Insulin: Injections

How Administered: Syringe for Long Acting and/or Fast Acting
 Insulin Pen for Long Acting and/or Fast Acting

Who Administers? Camper DYS Staff draws up correct dose and gives injection with supervision.

Long Acting Insulin Brand Name _____
Fast Acting Insulin Brand Name _____

I understand I do not have to bring any extra insulin vials, pens, needles or syringes to camp. These are donated to camp for my child to use by the diabetes medical supply companies.



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Insulin: Pump

Pump Brand: _____ Model: _____

Pump 24-hr help line phone (_____) _____ - _____ Pump Start Date: ___/___/___

Pump is in good working order, clearly labeled with my camper's name with extra pump supplies.

Nutrition Information

Height _____ Weight _____

Food Allergies? _____ Reaction? _____

Treatment for allergic reactions to foods? _____

Does your child take medication that affects his appetite? If yes, name? _____

Type of milk: Skim 1% 2% Whole

Does your child eat additional food for increased/vigorous activity? Yes No

Please describe additional foods (and amount) eaten for each hour of increased activity: _____

Carb Exchanges or grams per meal

	Breakfast	Snack	Lunch	Snack	Dinner	Bedtime
Time:						
For those on NPH: List # of carb exchanges or grams.						
For Pumpers and those on Lantus/Levemir: List min/max # of carb exchanges or grams per meal.						

Please do not leave this blank, we must have some idea what your camper should be eating!

Parent and Camper:

The information provided here is complete and accurate to the best of my knowledge. Diabetes Youth Services has my permission to adjust insulin dosages, pump, and continuous glucose monitor settings while my child is at camp.

I further agree that at DYS Camp Hot Shots, insulin whether by injection or pump must be administered under the direct supervision and observation of a qualified staff member.

I understand how important it is to record blood sugars, insulin dosing, and carbohydrate intake on the sheet provided the week prior to camp.

Parent/Guardian Signature _____ Date ___/___/___

Camper Signature _____ Date ___/___/___



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SELF CARE CHECKLIST

Camper able to perform the following diabetes management skills: (Check what applies)

Self Care Skill	Always	Sometimes	Never
Draws up own insulin			
Assists with injection			
Gives own injection			
Rotates injection sites and uses: <input type="checkbox"/> arms <input type="checkbox"/> legs <input type="checkbox"/> hips <input type="checkbox"/> stomach			
Knows how to use an insulin pen, type:			
Knows how to use the Injectease			
Knows how to use the Quick Acting Insulin Scale			
Knows insulin/carb ratio and can calculate dose			
Tests for Ketones when ill or blood glucose is > _____mg/dl			
Can identify correct blood glucose range, highs, or lows by number			
Recognizes symptoms of high and low blood sugars, treats correctly			
Can count carbohydrate content in foods accurately in foods			
Consumes high fat, high carb food choices			
Eats fruits and vegetables			
Understands concept of extra food for exercise and uses routinely			
Exercising >30 min (Circle one)	Daily	Weekly	Seldom

Self Care Skills for Pumpers:	Always	Sometimes	Never
Basic pump operation, enter bg and carbs?			
Pump Programming (set, cancel, review basal rates and boluses)			
Pump Alarms & Troubleshooting			
Can change own infusion set and tubing			
Can change own reservoir/cartridge			
Can fill own reservoir/cartridge			
Cares responsibly for pump to prevent loss/damage			

Locations usually used for infusion sets: _____

Goals for learning about diabetes care at camp:

1. _____
2. _____
3. _____

Any Additional Comments: _____
