



DYS CAMP DIABETES INFORMATION FORM

Camper Name: _____

Physician for Diabetes Care: _____ Phone: _____

Address: _____

Address

City

State

Zip

Diabetes diagnosis: Type 1 Type 2 Date of diagnosis: ____/____/____ Age at Dx _____

Current hemoglobin A1c result: _____ Date of test: ____/____/____

Recent hospitalizations due to diabetes (dates and explanations):

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 his/her own blood glucose testing: Yes No

Can camper record his/her own blood glucose results: Yes No

To camp check-in:

I will bring a working meter, test strips and control solution (clearly labeled).

I will bring the most recent week's blood glucose readings, carbohydrate intake, and insulin doses.

I will bring extra supplies for the continuous glucose meter (clearly labeled).

INSULIN PUMP

Pump brand: _____ Model: _____

Pump 24-hour helpline: (____) ____-____ Pump start date: ____/____/____

The pump is in good working order, and I will bring it to camp check-in clearly labeled with my camper's name with extra pump supplies.



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INSULIN INJECTIONS

How administered: Syringe for Long acting and/or Fast Acting

Insulin pen for Long acting and/or Fast Acting

Who administers: Camper Staff calculate dose and camper gives injection (supervised).

Long acting insulin brand: _____ Fast acting insulin brand: _____

I understand I do not have to bring any extra insulin vials, pens, needles, or syringes to camp. Those items are donated to camp by diabetes medical supply companies.

NUTRITION INFORMATION

Does your child have Celiac Disease? Yes No

Does your child have any food allergies? Yes No If "Yes" please list.

Does your child take medication that affects his/her appetite? If yes, what is it? _____

Type of milk: Skim 2% 4%/Vitamin D/Whole Milk

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

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

Carbohydrate exchanges per meal (provide details on what your camper should be eating):

	Breakfast	Snack	Lunch	Snack	Dinner	Bedtime
Time						
For those on NPH: list # of carbs exchanges or grams						
For pumpers or those Lantus or Levemir: list min/max # of carb exchanges or grams per meal						

The information provided on this form is complete and accurate to the best of my knowledge.

Diabetes Youth Services has my permission to adjust insulin doses as well as pump and continuous glucose meter settings while my child is at camp.

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

Signature of Parent or Guardian

Date



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DIABETES SELF-CARE CHECKLIST

My camper is able to perform the following diabetes self-management skills (check all that apply):

	Always	Sometimes	Never
Understanding food portions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding carbohydrate content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding fat content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulin to carbohydrate calculations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbohydrate counting at meals/snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compensating for physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding protein count	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjusting for highs and lows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draws up own insulin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assists with injection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gives own injection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rotates injection sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows how to use an insulin pen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs own blood sugar tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes/treats low blood sugars correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes/treats high blood sugars correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercises (circle one)	<i>Daily</i>	<i>Weekly</i>	<input type="checkbox"/>
★ For Pumpers Only ★	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic pump operation, brand pump:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pump programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pump alarms & troubleshooting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can change own infusion set and tubing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remembers to reconnect pump after activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remembers to bolus for meals/blood sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can fill own reservoir/cartridge and prime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rotating infusion set sites? List new sites.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Locations usually used for infusion sets: _____

Camper's goals for learning about diabetes care while at camp:

1. _____
2. _____
3. _____

Additional comments:
