



DYS PRE-CAMP DIABETES CARE FORM

Camper name: _____

Parents/Guardians: Please fill in this chart with blood sugars, carbs consumed, insulin doses and pump site changes from the week prior to your child's session at camp and **bring it with you to Camp registration**. This information is crucial so that the health care team manages your child's diabetes while at camp.

Day	2 am (Optional) Blood sugar	Breakfast			Lunch			Dinner			Bed Blood sugar and insulin	Comments
		BG	Carbs	Insulin	BG	Carbs	Insulin	BG	Carbs	Insulin		
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
Sunday												

PLEASE DO NOT MAIL THIS FORM. BRING IT WITH YOU TO CAMP REGISTRATION.

*Teaching local children to manage their diabetes every day until there is a cure. Supporting families, preventing complications, and improving lives.
5871 Monclova Road, Maumee, Ohio 43537; 419-887-8739; Fax: 419-887-8788; email: info@dys4kids.org*