



# CAMPER DIABETES INFORMATION

Date Completed \_\_\_\_\_

Camper's Name \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Physician for Diabetes Care: \_\_\_\_\_, M.D., D.O.

Physician Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Physician Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Current Hemoglobin A1C result \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Recent Hospitalizations due to diabetes (date and explanation)

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

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## 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, pens, needles, 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

Food Allergies? \_\_\_\_\_ Reaction? \_\_\_\_\_

Treatment for allergic reactions to foods? \_\_\_\_\_

Food Preferences \_\_\_\_\_ Dislikes \_\_\_\_\_

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 dosing			
Can calculate correction doses based on insulin/carb ratio			
Performs own blood sugar tests, brand meter:			
Recognizes and treats low blood sugars correctly			
Knows own meal pattern			
Usually follows meal pattern			
Knows proper portions for common foods			
Understands concept of extra food for exercise and uses routinely			
Exercising (Circle one)	Daily	Weekly	Seldom

Self Care Skills for Pumpers:	Always	Sometimes	Never
Basic pump operation, brand pump:			
Pump Programming (set, cancel, review basal rates and boluses)			
Pump Alarms & Troubleshooting			
Can change own infusion set and tubing, every _____ days			
Can change own reservoir/cartridge change every _____ day(s)			
Can fill own reservoir/cartridge			
Can prime before connecting			

Sites usually used for infusion sets: \_\_\_\_\_

Goals for learning about diabetes care at camp:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Any Additional Comments: \_\_\_\_\_

\_\_\_\_\_