2009 Pre Camp Blood Sugar and Insulin Record

Camper Name _____ Group _____

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 will help the health care team manage your child's diabetes while at camp.

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

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,												