



SHOTS OR NON-PUMP RECENT DIABETES INFORMATION

Camper's Name _____ (for camp use only Cabin # _____)

Please label all diabetes supplies, especially meter, lancing device, and CGM receiver 1. **Recent physical activity level**—How many hours per day does your child spend in:

- ___ Low activity such as sleeping, watching TV, or playing video games
- ___ Moderate activity such as walking, playing outside with friends, or shopping
- ___ High activity such as basketball, swimming, bicycling, or running

2. **Yes or No:** Has your child been hospitalized with Diabetic Ketoacidosis (DKA) in the last 6 months?

If so, when, and what were the circumstances? _____

3. Type of **long acting insulin:** _____ **Pens or syringes:** _____
 Type of **short acting insulin:** _____
 Type of **premixed insulin:** _____
 If using a sensor, **type of sensor:** _____ When was the sensor **last inserted?** _____

4. Usual **Insulin dosing:**

Long Acting: Time: _____ Dose: _____

Short Acting:

Time	Carb Ratio	Correction (Sliding Scale)	Target BG
Breakfast			
Lunch			
Dinner			
Snacks			
Bedtime			

Premixed: Time: _____ Dose: _____

Where does the camper inject insulin? _____

5. Last 24 hours of **BG and doses of insulin: (Be sure time and date are correct in meter)**

Date	Time	BG/CGM	Carbs	Dose of Insulin

6. Anything else you want to share for your camper to have the best week at camp?



PUMP USER RECENT DIABETES INFORMATION

Camper's Name _____ (for camp use only Cabin # _____)

Please label all diabetes supplies, especially meter, lancing device, and CGM receiver

1. Recent physical activity level

How many hours per day does your child spend in:

___ Low activity such as sleeping, watching TV, or playing video games

___ Moderate activity such as walking, playing outside with friends, or shopping

___ High activity such as basketball, swimming, bicycling, or running

2. **Yes or No:** Has your child been hospitalized with Diabetic Ketoacidosis (DKA) in the last 6 months?

If so, when, and what were the circumstances? _____

3. Type of **pump:** _____ Type of **insulin:** _____

Type of **infusion set:** _____ Last infusion **set change:** _____

If using a sensor, **type of sensor:** _____ When was **sensor last inserted?** _____

4. **Pump settings:** (Continue on back if you need extra space)

Time	Basal	Time	Carb Ratio	Time	Correction	Target BG

5. Last 24 hours of **BG and doses of insulin:** (Be sure time and date are correct in pump)

Date	Time	BG/CGM	Carbs	Bolus

6. **Yes or No:** Does the pump have any damage such as a recent hard drop, visible cracks, torn buttons, blurry numbers on the screen, or a broken battery/cartridge cap?

7. Anything else you want to share for your camper to have the best week at camp?