

## **The Diabetes Family Connection: Camp to Community**

Please complete the form below and bring it with you to the event.

T1D Camper Nar		Date of B	irth	Age		
Dietary Restrictions				Weight		
Parent Name Phone						
Today at home before camp	Estimated Time	Blood Sugar/ CGM	Carbs Eaten		Dose of ins	sulin
Type of <b>short-acti</b> Carb Ratio: Correction Factor:	ng insulin:	]:	Type of <b>ins</b> Type of <b>inf</b> Last infusion	Type of insulin in pump: Type of infusion set Last infusion set change:		
For use while your child is at camp  Device PIN:	Time	Blood Sugar	Carbs	Insulin	<u>Notes</u>	



## **The Diabetes Family Connection: Camp to Community**

Please complete the form below and bring it with you to the event.

Notes From Camp:					
Clinical Staff:					
Parent Name	Phone				
Notes From Parents:					
Notes From Camp:					
	Clinical Staff:				