



Please print, complete, and bring to camper check in.

SHOTS OR NON-PUMP RECENT DIABETES INFORMATION

Updated 4.2026

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

Please label all diabetes supplies: meter, phone, CGM Receiver prior to arriving

Phone PIN _____

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 **sensor last inserted?** _____

4. Usual **Insulin dosing:**

Long Acting: Time: _____ Dose: _____

Short Acting:

Time	Carb Ratio	Correction Scale - Sliding Scale	Target BG
Breakfast			
Lunch			
Dinner			
Snack			
Bedtime			

Premixed: Time: _____ Dose: _____

Where does the camper inject insulin? _____

5. Please list Blood sugar numbers and doses of insulin delivered today

Date	Time	BG/CGM	Carbs	Bolus

6. Please use the space below to share anything else we need to know to help your camper have the best week at camp.



Please print, complete, and bring to camper check in.

PUMP USER RECENT DIABETES INFORMATION

Updated 4.2026

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

Please label all diabetes supplies: meter, pump, controller, phone, and CGM receiver

Phone PIN _____ **Controller PIN** _____

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. Please list blood sugar numbers and doses of insulin delivered today.

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. Please use the space below or on the back to share anything else we need to know to help your camper have the best week at camp.