



INSULIN CARD FOR SHOT TAKERS

DO NOT SEND THIS CARD INTO THE DYF OFFICE BEFORE CAMP

PLEASE COMPLETE IT THE NIGHT BEFORE CAMP AND HAND IT TO A CAMP STAFF/VOLUNTEER WHEN YOU DROP YOUR CHILD

This document is for shot takers only. If your child uses a pump please complete the other document. Please indicate your child's average insulin doses at home. Camp is extremely active and your child's insulin settings will be changed during their time at camp. If this card does not apply to the way you adjust your child's insulin doses at home, please provide as much information as possible by attaching a clear and detailed description.

Child's Full Name: _____ Age: _____ Years with T1D: _____ Weight (lbs): _____

Type of insulin(s) used at home (please circle): _____

Apidra Novolog Humalog Fiasp Lantus Levemir Toujeo Tresiba Basaglar Other: _____

How does your child inject insulin? **Syringe / Pen** Pen sent to camp? **Yes / No / NA**

Continuous Glucose Monitor? **Yes / No** Type of CGM: _____

	Insulin : Carbs (Ex: 1unit: 10 grams)	Correction Factor (Example: 1u lowers blood sugar 35 mg/dl)	Average Dose (Range of units of insulin per meal)	Target Levels (Example: 90-120)	Long-Acting Dose (Example: Lantus 27units)
Breakfast					
Lunch					
Dinner					
Night					

Any suggestions for changing insulin amounts at camp based on increased activity levels?	Please list all current medications (with dose and time) that your child will be taking at camp.	Please list all allergies, including food, medication, etc.