

*****This form MUST BE COMPLETED by all campers REGARDLESS IF USING AN INSULIN PUMP OR NOT and MUST BE BROUGHT TO CAMP CHECK-IN *****

CAMPER NAME:

KEY: BG = blood glucose
 CHO = carbohydrate
 INSULIN = units given for food
 EXTRA INSULIN = units given to cover high BG
 K = ketones

SAT	BASAL RATE	BG	CHO	INSULIN	EXTRA INSULIN	K
12						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						

SUN	BASAL RATE	BG	CHO	INSULIN	EXTRA INSULIN	K
12						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						

Please complete the section below if your camper injects insulin

Lantus Levemir Basaglar Tresiba Toujeo

Dose and time: _____

Humalog Novolog Apidra Fiasp

I:CHO ratio at breakfast _____

I:CHO ratio at lunch _____

I:CHO ratio at dinner _____

I:CHO ratio at bedtime snack _____

CORRECTION DOSE: 1 unit decreases glucose level _____ mg/dl

TARGET GLUCOSE: _____

Please complete the section below if your camper uses an insulin pump

Pump settings (enter basal rates or add'l basal insulin above in log):

I:CHO ratios: _____
 (Please enter exact times) _____

CORRECTION DOSE: _____
 (Please enter exact times) _____

TARGET GLUCOSE: _____
 (Please enter exact times) _____