

Camper Name \_\_\_\_\_

Group \_\_\_\_\_

Date \_\_\_\_\_

**FOR PARENT TO FILL OUT AT HOME BEFORE DAILY ARRIVAL:**

Breakfast Time	Pre-Breakfast BG	Total Breakfast Grams Eaten	Insulin to Carb Ratio	Units of Insulin Given for Food	Units of Insulin for Correction, If Given (Indicate target BG used)	Total Amount of Insulin Given (Units)
__:__ AM	_____ mg/dL	_____ g	__U: __g	____U	____U	____U
<p><b>*Sensitivity/Correction Factor:</b> _____ (if different sensitivity factor for different times of day, indicate here—i.e. Breakfast 40, Lunch 50, Bedtime 70)</p> <p><b>**Other Notes:</b></p>						

**LUNCH**

Item	Quantity	Carbohydrate Content (g)
<i>Ex. Bread</i>	<i>2 slices</i>	<i>30g</i>
<b>LUNCH TOTAL CARBOHYDATES (g):</b>		_____ g
<b>Insulin to Carb Ratio:</b>		____U: ____g

**FOR CLINICIAN TO FILL OUT AT CAMP BEFORE DAILY DEPARTURE:**

Mid-Morning BG and Time	Pre-Lunch BG	Lunch Carbs Eaten	Lunch Insulin Given	Afternoon BG and Carbs
__:__ AM _____ mg/dL (BG)	_____ mg/dL	_____ g	For Carb Intake: ____U For Correction: ____U	__:__ PM _____ mg/dL (BG) _____ g in snack
<p><b>*Other Notes:</b></p>				