

Day:		Breakfast	Lunch	Dinner	Bedtime
Day Before Camp	BG	mg/dl	mg/dl	mg/dl	mg/dl
	Insulin	units	units	units	units
Day of Camp	BG	mg/dl	mg/dl		
	Insulin	units	units		

* If using a glucose sensor, complete the following:

Manufacturer _____ Does your child use a CGM? Yes / No

Last sensor change: Date _____ / _____ / _____ Approximate time: _____ AM / PM

* If using an insulin pump, complete the following:

Make _____ Model _____ Serial number _____

Last site change: Date _____ / _____ / _____ Approximate time: _____ AM / PM

	Basal Rates	I:C Ratio	Sensitivity/ Correction	Target Range
MN				
1 am				
2 am				
3 am				
4 am				
5 am				
6 am				
7 am				
8 am				
9 am				
10 am				
11 am				

	Basal Rates	I:C Ratio	Sensitivity/ Correction	Target Range
1200				
1 pm				
2 pm				
3 pm				
4 pm				
5 pm				
6 pm				
7 pm				
8 pm				
9 pm				
10 pm				
11 pm				