

2022 CAMP CONRAD CHINNOCK - PRE-CAMP MEDICAL INFORMATION

Please fill out this form **prior to coming to check-in**. Make sure the information from the day prior to camp and the morning of the first day of camp is complete.

Camper Name:	First _____ Last _____															
Camper information:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M Age: _____ Age at diagnoses _____															
	Weight (lbs): _____ Height (inches): _____															
	Result of last Glycohemoglobin A ₁ C _____ Date _____															
Current Diabetes Doctor Name:	_____															
Phone number(s) where parent/guardian can be reached tonight	(____) (____)															
Insulin Brand	<input type="checkbox"/> Lilly <input type="checkbox"/> Novo <input type="checkbox"/> <input type="checkbox"/> Aventis															
Insulin Type	<input type="checkbox"/> Humalog <input type="checkbox"/> Novolog <input type="checkbox"/> Regular <input type="checkbox"/> NPH <input type="checkbox"/> Lente <input type="checkbox"/> Ultra Lente <input type="checkbox"/> Lantus <input type="checkbox"/> Levemir <input type="checkbox"/> Other: _____															
How much EXTRA fast acting insulin do you take if your blood sugar is 200?	1 unit of insulin drops me _____ points															
Carbohydrate calculation	Camper takes 1 (one) unit of insulin per _____ grams of carbohydrate.															
Indicate if each snack time is optional or required.	Morning: Optional / Required <i>NOTE: Afternoon & evening are required for campers using NPH.</i> Afternoon: Optional / Required Evening: Optional / Required															
What other medications do you take (other than insulin)? Each medication must be in original labeled prescription bottle, or over-the-counter bottle, if non-prescription.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Medication</th> <th style="width: 20%;">Dose</th> <th style="width: 40%;">When Taken</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Medication	Dose	When Taken												
	Medication	Dose	When Taken													
Do you have any <i>medication</i> allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list: _____															
Do you have any <i>food</i> allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list: _____															
Do you have any other medical diagnosis other than diabetes?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe: _____															

Complete the blood glucose record below. It represents the day before camp and the breakfast and lunch tests plus doses/boluses. **If on a pump, list ALL basals with times. Complete information on next page!**

INSULIN						BLOOD GLUCOSE					
		Brkfast	Lun	Din	Bed		Brkfast	Lun	Din	Bed	NOTE
Day before camp	S					Test Result					
	L										
Day of camp	S					Test Result					
	L										

S=short acting insulin (e.g., regular, humalog, novolog)

L=long acting insulin (e.g., NPH, Levemir, Ultra-lente, Lantus, etc.)

Camper Name:	First	Last
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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

		TIME		RATE
List Basal start time and rate:	#1	12:00 a.m.		
	#2			
	#3			
	#4			
	#5			
	#6			
	#7			
	#8			
	#9			
	#10			
	#11			
	#12			

