

Request for Information About a Camper's Diabetes Management Plan

Camper: _____ Date of Birth ____ / ____ / ____

Things to know about our camp program:

1. Campers do their own diabetes care while with us. Your camper's extra supplies (insulin, syringes, glucometer, etc.) may be kept in the Health Center where a sharps container is also available.
2. Our RN isn't in residence all the time. At minimum, a person trained in first aid and CPR is available.
3. We have access to a local physician, clinic, and hospital services. It takes at least 15 minutes to transport someone from camp to the next level of care. In some situations it may take longer.
4. Camp has its own time for meals and that schedule may vary for special programs. Campers with diabetes should be capable of adapting to changes in their meal time and capable of monitoring/counting their own carbohydrates.
5. Our menu varies; some foods may be unfamiliar to your camper. Coach him/her to ask the head cook about ingredients and/or look over the menu if s/he has questions. Snacks can be provided if necessary. If you'd like more information about meals or menus, contact us and ask to speak with the Head Cook.
6. Staff are told that campers with diabetes know how to take care of themselves. We will brief staff about your child's diabetes, especially the signs that indicate a low blood sugar level.

About Your Routine Diabetes Care

☐ When do you check your blood sugar (BS)? _____

☐ What is your usual range of BS readings? _____

☐ Will you use an insulin syringe while at camp? ☐ Yes ☐ No

☐ Will you be using an insulin pump while at camp? ☐ Yes ☐ No

If yes, what brand, model and model number: _____

What toll-free number should be called if there are problems with the pump? _____

How long have you been using your pump? _____

How often do you change your infusion set? _____

Note: Be sure to bring back-up insulin syringes and insulin should the pump fail while at camp.

☐ When (at what time) do you regularly inject insulin? _____

What type is used, and how many units? _____

☐ In addition to meals, describe your pattern for snacks (time, what you eat, etc.). _____

☐ If a question about diabetes management arises, who do we call? At what number? _____

☐ Other people may have questions about your diabetes. Are you comfortable talking about it?

☐ Yes ☐ No

If yes, what would you tell them? _____

About Your Reaction When Your Blood Sugar Is Low

☐ If your BS gets low, what signs or behaviors should we expect? Is your camper able to recognize when their BS gets low?

☐ If your BS gets low, what should we do?

☐ Do certain stressors tend to drop your BS? What are they? _____

☐ When was your last low blood sugar reaction? _____

How often do you have low reactions? _____

☐ Have you ever had a severely low blood sugar reaction (seizure, loss of consciousness)?

☐ Yes ☐ No If yes, what happened? _____

Additional Information

☐ If your blood sugar is running high, what signs or behaviors would we see, and what do you want us/me to do? _____

☐ Who do you want us/me to notify if you have a reaction? Provide appropriate phone numbers.) If you do not answer, should we leave a message on voicemail, text, or try to call back later?

☐ Name of your diabetes educator _____ Phone _____

☐ What else would you like us/me to know? _____

Thank you for helping us provide a great camp experience for your child!