PRE-CAMP BLOOD SUGAR AND INSULIN RECORD

Camper name: *(Last name)* _____ *(First name)* _____

First Date Recorded: _____

Parents/Guardians: Please print and fill in this chart with blood sugars and insulin doses from the two-weeks prior to your child's session at camp and <u>bring it with you on Opening Day</u>. This information will help the medical team manage your child's diabetes while at camp. It is not necessary to perform extra blood sugar checks, only record typical checks.

Day	Breakfast (Blood Sugar & Insulin)	Lunch (Blood Sugar & Insulin)	Dinner (Blood Sugar & Insulin)	Bedtime (Blood Sugar & Insulin)	Low Blood Sugar (time, blood sugar and treatment given)	Comments
Sun						
Mon						
Tues						
Wed						
Thurs						
Fri						
Sat						

Additional Comments:

_____

_____

_____

Camper name: *(Last name)* _____ *(First name)* _____

Day	Breakfast (Blood Sugar & Insulin)	Lunch (Blood Sugar & Insulin)	Dinner (Blood Sugar & Insulin)	Bedtime (Blood Sugar & Insulin)	Low Blood Sugar (time, blood sugar and treatment given)	Comments
Sun						
Mon						
Tues						
Wed						
Thurs						
Fri						
Sat						
Opening Sunday						

Additional Comments:

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