

Camp Until A Cure

Diabetes Youth Foundation Camp – Noblesville, IN

Special Requests and Information

Campers Name: _____

Sessions of camp: ___ 1 week session - 06/7 – 06/13 or (fill in if not 1st week) ___/___ - ___/___
___ 2 week session 06/14-06/27 ___ Adventure Trip – TBD ___ Day Camp 06/22 – 06/26

We will make every effort to take this information into account for group placement and daily care. At times, people request to be in a cabin with another camper who is greatly different in age. Since the groups are made up by date of birth, we are not always able to satisfy this request. We will do our best in every case, All arrangements are made on a first come first serve basis so there is a great advantage to returning this sheet as soon as possible. Some of you have requested roomies in the past and you must request them on this sheet. Some groups are too large to be put together so they have to be broken up in some instances so that everyone will be with at least a few of their requested roomies. These will be applied as ages and cabin space are allowed. REMEMBER - once a cabin is full, no changes can be made.

Special Needs: (My camper needs assistance with (giving shots, blood sugar testing, putting on clean clothes every day, etc.) _____

My child may need extra help due to: (bed wetting, hearing difficulties, etc.) _____

My child has some concerns or fears that might need to be taken into account (first time away from home, afraid of the dark, afraid of the water, etc.) _____

Group Requests (Please try to put first and last names of kids you request to bunk with) _____

Please return this sheet as soon as possible if there is any additional information that is not on the original.
PLEASE mail to DYF camp, 817 South Tibbs Ave, Indpls, IN 46241 or fax 317-243-4488

INSULIN DETAIL (PARENTS)

Parents, please complete this form and return

at least 2 weeks **BEFORE** camp to:

DYF camp, 817 South Tibbs Ave, Indianapolis, IN 46241

Fax# 317-243-4488 – If you have any **questions** call Dave Dozier

@ 317-224-0190 (M-F, 8A – 3P) or ddozier@tkoi.com

Name _____

DOB _____

1) Circle *all that apply*: Pen Syringe Pump

Humalog Novolog Apidra Humulin R Novolin R

Humulin N Novolin N Levemir Lantus

Novolog 70/30 Novolin 70/30 Humalog 75/25 Humulin 70/30

2) If taking insulin by syringe or pen, please complete this section:

Long acting insulin dose: Circle type (NPH / Lantus/ Levemir):

_____ units in the AM _____ units at supper _____ units at bedtime

Fast acting insulin dose (Novolog/Humalog):

Insulin to Carbohydrate ratio:

__ unit covers _____ grams of carbs at breakfast

__ unit covers _____ grams of carbs at lunch

__ unit covers _____ grams of carbs at supper

__ unit covers _____ grams of carbs for snacks

Plus the following correction scale for blood sugars greater than target:

(e.g. 121-160 = add 1 unit)

_____ - _____ = add __ unit

_____ - _____ = add __ unit

_____ - _____ = add __ unit

_____ - _____ = add __ unit

_____ - _____ = add __ unit

above _____ = add __ unit

Name _____

DOB _____

Bolus Dosages:

Start time: midnight 1 unit of insulin per _____ grams of carbohydrate
Start time: _____ 1 unit of insulin per _____ grams of carbohydrate
Start time: _____ 1 unit of insulin per _____ grams of carbohydrate
Start time: _____ 1 unit of insulin per _____ grams of carbohydrate
Start time: _____ 1 unit of insulin per _____ grams of carbohydrate
Start time: _____ 1 unit of insulin per _____ grams of carbohydrate

EXAMPLE: 4:00 pm 1 unit of insulin per 8 grams of carbohydrate

Insulin Sensitivity/Correction Factor:

Start time: midnight 1 unit of insulin will lower blood glucose by _____ mg/dl
Start time: _____ 1 unit of insulin will lower blood glucose by _____ mg/dL
Start time: _____ 1 unit of insulin will lower blood glucose by _____ mg/dL
Start time: _____ 1 unit of insulin will lower blood glucose by _____ mg/dL
Start time: _____ 1 unit of insulin will lower blood glucose by _____ mg/dL
Start time: _____ 1 unit of insulin will lower blood glucose by _____ mg/dL

EXAMPLE: 6:00 AM 1 unit of insulin will lower blood glucose by 50 mg/dl

Blood Glucose Target Levels/Ranges:

Start time: from midnight target is _____
Start time: from _____ target is _____
Start time: from _____ target is _____
Start time: from _____ target is _____
Start time: from _____ target is _____

EXAMPLE: from 9:00 PM target is 120-150

Active insulin: _____ hours