



INSULIN DOSAGE			
If you use a PUMP, fill out the other side			
Morning Dose ___ Units Humalog/Novolog/Apidra ___ Units NPH ___ Units Lantus/Levemir ___ Units Humalog/Novolog/Apidra per ___ grams of carbs	Lunch Dose ___ Units Humalog/Novolog/Apidra ___ Units Humalog/Novolog/Apidra per ___ grams of carbs	Supper Dose ___ Units Humalog/Novolog/Apidra ___ Units NPH ___ Units Lantus /Levemir ___ Units ___ Units Humalog/Novolog/Apidra per ___ grams of carbs	Evening Dose ___ Units Humalog/Novolog/Apidra ___ Units NPH ___ Units Lantus/Levemir ___ Units ___ Units Humalog/Novolog/Apidra per ___ grams of carbs
Correction Factor: 1 Unit of Humalog/Novolog to lower blood sugar by _____ mg/dl with target of _____			Brand(s) of Insulin ___ Lilly ___ Novolin ___ Sanofi-Aventis

Blood Glucose Testing Record of the Week Prior to Camp

Please record the camper's insulin dosages, blood glucose results and ketones if tested on the outline below. Dosages and results should be of the week prior to trip time.

Date	Breakfast		Lunch		Dinner		Bedtime		Remarks
	Insulin Dose	Blood Glucose	Insulin Dose	Blood Glucose	Insulin Dose	Blood Glucose	Insulin Dose	Blood Glucose	
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday Morning Of camp week									

Meds: _____ Allergies (meds/food): _____

Recent Illnesses: _____ Camper's Name _____

If you use a PUMP, fill out the other side & bring this form to camp check-in