



INSULIN DOSAGE FOR PUMPS		If you don't use a PUMP, fill out the other side.			
Morning ___ Units Humalog/Novolog/Apidra per ___ grams of carbs	Lunch ___ Units Humalog/Novolog/Apidra per ___ grams of carbs	Dinner ___ Units Humalog/Novolog/Apidra per ___ grams of carbs	Evening ___ Units Humalog/Novolog/Apidra per ___ grams of carbs		
Basal Rates: _____ _____					
Correction Factor: 1 Unit of Humalog/Novolog/Apidra to lower blood sugar by _____ mg/dl with target of _____					
Date of last pump site change: _____					

Blood Glucose Testing Record of the Week Prior to Camp (PUMP)

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 don't use a PUMP, fill out the other side & bring this form to camp check-in