



## The League ~ Camping & Recreation

1111 E Cold Spring Lane, Baltimore MD 21239  
410.323.0500 ~ f: 866.306.7424

**THIS FORM IS REQUIRED FOR PARTICIPANTS  
WHO ARE INSULIN DEPENDENT OR REQUIRE  
BLOOD GLUCOSE MONITORING AT CAMP**

# DIABETES FORM

*This form MUST be signed & dated by a physician*

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Disability: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Type of Diabetes:**

**Restrictions to camp programming due to diabetic concerns:**

**Does this participant require blood glucose monitoring?** \_\_\_ Yes; \_\_\_ No. If yes, please complete the following:

Target Range for blood glucose monitoring at camp: \_\_\_\_\_

Blood glucose monitoring should occur at the following times:

- Before meals
- \_\_\_\_\_ hours after meals
- Before snacks
- \_\_\_\_\_ hours after a correction dose
- With signs/symptoms of hypo/hyperglycemia
- With signs/symptoms of illness
- Other:

**Hypoglycemia-** blood glucose less than \_\_\_\_\_

- Self treatment for mild lows
- Give \_\_\_\_\_ grams of fast-acting carbohydrate according to care plan.  
Recheck blood glucose level in 10-15 minutes. Repeat treatment if blood glucose level is less than \_\_\_\_\_ mg/dl
- Provide extra protein and carbohydrate snack after treating low if next meal/snack is greater than \_\_\_\_\_ minutes away
- Suspend pump for severe hypoglycemia for \_\_\_\_\_ minutes

If camper is unconscious, having a seizure, or is unable to swallow, presume they have low blood sugar. Call 911, notify guardian, and:

- Glucagon injection (1mg/1cc) \_\_\_\_\_ mg, subcutaneously or intramuscular
- OK to use glucose gel inside cheek, even if unconscious or seizing
- Other:

**Hyperglycemia-** blood glucose greater than \_\_\_\_\_

- Check urine ketones, follow care plan, administer insulin as per orders
- Encourage sugar free fluids, at least \_\_\_\_\_ ounces per \_\_\_\_\_
- If camper complains of nausea, vomiting, or abdominal pain, check urine ketones and insulin administration orders
- Other:

**Meal Plan**

- Breakfast time: \_\_\_\_\_  Lunch time: \_\_\_\_\_  Dinner time: \_\_\_\_\_  
 Snack times: \_\_\_\_\_  Avoid snack if blood glucose greater than \_\_\_\_\_ mg/dl

Please list any specific diet requirements and/or restrictions:

**Transportation**

- Blood glucose monitoring is not required prior to boarding a vehicle  
 Check blood glucose 15 minutes prior to boarding vehicle  
 Allow participant to eat on vehicle if having symptoms of low blood glucose  
 Other:

**Does this participant require insulin?** \_\_\_ Yes; \_\_\_ No. If yes, please complete the following:

Name of Insulin: \_\_\_\_\_

Insulin is administered via:  Syringe/vial  Insulin Pen  Insulin Pump  Other: \_\_\_\_\_

Insulin is given before meals at the following doses:

- Routine Dose: \_\_\_\_\_  
 Per sliding scale as follows:  
 Blood Glucose \_\_\_\_\_ to \_\_\_\_\_, give \_\_\_\_\_ units  
 Blood Glucose \_\_\_\_\_ to \_\_\_\_\_, give \_\_\_\_\_ units  
 Blood Glucose \_\_\_\_\_ to \_\_\_\_\_, give \_\_\_\_\_ units  
 Blood Glucose \_\_\_\_\_ to \_\_\_\_\_, give \_\_\_\_\_ units

- Calculated Insulin dose (add carbohydrate coverage and correction dose for total insulin dose):

Carbohydrate coverage: Insulin to carbohydrate ratio

Give \_\_\_\_\_ unit(s) of insulin per \_\_\_\_\_ grams carbohydrate

Correction:

Give \_\_\_\_\_ unit(s) of insulin per \_\_\_\_\_ mg/dl of glucose **above** \_\_\_\_\_ mg/dl

Subtract \_\_\_\_\_ unit(s) for every \_\_\_\_\_ mg/dl of glucose **below** \_\_\_\_\_ mg/dl

- Insulin may be given after meals if: \_\_\_\_\_

- Other times insulin may be given:

Snack  Dose: \_\_\_\_\_;  Calculated as above

Ketones If ketones are \_\_\_\_\_, give/add \_\_\_\_\_ unit(s)

**Health Care Provider Assessment**

Participant can self-perform the following procedures (Health Center staff and guardian must verify competency):

- Blood glucose monitoring  Determine insulin dose  Measure insulin  
 Inject insulin  Operate insulin pump independently  
 Other:

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_