

CHILD'S NAME: \_\_\_\_\_ ATTENDING:  Outdoor School: SCHOOL NAME \_\_\_\_\_

Summer Camp: VILLAGE \_\_\_\_\_ ARRIVAL DATE \_\_\_\_\_

## YMCA STORER CAMPS: DIABETES FORM

**Please attach this completed form to your child's health form.**

Your child will be responsible for managing their diabetes while at camp. Health Center staff will provide support including menu and carb counts. Please note that we do not have diabetes educators or specialists on staff. Call 517-536-8607 for any questions.

### DIABETES EXPECTATIONS

YMCA Storer Camps programs takes place in the outdoors and your child will be more physically active than they are at home. The closest hospital is Allegiance Hospital in Jackson, MI approximately 20 minutes away.

It is our expectation that your child is capable of self-managing their diabetes: comfortable with counting carbs, recognizing if they are high or low, injecting insulin, etc. Children with insulin pumps are expected to be familiar with their pump and be able to manage pump malfunctions, changing sites and replacing tubing. Your child will carry their supplies and snacks with them while at camp. Extra supplies and snacks can be stored at our Health Center.

### DIABETES INFORMATION

When does your child check their blood sugar level?
What is your child's typical range for blood sugar readings?
When does your child inject insulin? Please include what type of insulin is used and how many units.
How often does your child have a HIGH blood sugar reaction?
Please list what signs or symptoms your child presents with when their blood sugar is <b>HIGH</b> as well as how it is managed:
How often does your child have a LOW blood sugar reaction?
Please list what signs or symptoms your child presents with when their blood sugar is <b>LOW</b> as well as how it is managed:
Has your child ever had a severe low blood sugar reaction (seizures, loss of consciousness, etc.)? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, please give details:

### DIABETES MEDICATIONS

Please list all routine and emergency diabetes medications your child will be bringing to camp in the MEDICATION INFORMATION section of your child's health form. A refrigerator and sharps container are available at our Health Center.
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### COMMUNICATION AND TREATMENT PROTOCOL

Parent/Guardian Name	Relationship to Child	Phone Number
At what point should we notify you (parent/guardian) about your child's blood sugar level?		
At what point should your child be taken to a physician or hospital?		
Please give any other information you would like our staff to know about your child's diabetes management plan. Attach additional information as needed.		

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_