

Camper: \_\_\_\_\_  
                    **First Name                      Initial                      Last Name**

School: \_\_\_\_\_

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**Please complete both pages!**

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Your child will continue self-care for his/her diabetes while attending our program. Our Health Center staff, while not diabetes educators nor specialists in diabetes care, would like to partner with you insofar as supportive care is concerned. They will rely on this form's information to direct that support.

We recommend that you complete this form in consultation with your diabetes educator. If you have questions or concerns, please call Health Services by dialing 517-536-8607 during business hours. Attach additional information as needed, including physician medication orders or greater detail about your child's diabetes history.

Things to consider about The YMCA Storer Camp program...

1. Because the program takes place in the outdoors, your student may be more physically active than at home.
2. Students do their own diabetes care while with us. We ask that supplies (insulin, syringes, glucometer, etc) be kept in the camp Health Center where a sharps container is also available.
3. The closest hospital is Allegiance Hospital in Jackson, approximately 20 minutes away.
4. Sometimes our meal times may vary due to activities, students with diabetes should be capable of adapting to changes in meal time.
5. If you have questions about the menu during your child's stay, please contact our food services at 517-536-8607. If your child requires special snacks you may send them and we will keep them in our health centers for the child's convenience.
6. Staff is told that students with diabetes know how to take care of themselves. We will brief cabin and activity staff about your child's diabetes, especially the signs that indicate low blood sugar level.

❖ **ABOUT YOUR CHILD'S ROUTINE CARE FOR HIS/HER DIABETES...**

When does your child check blood sugar (BS)? \_\_\_\_\_  
What is your child's usual range of BS readings? \_\_\_\_\_

When does your child inject insulin? What type is used and how many units? (Please include your child's sliding scale if appropriate.) \_\_\_\_\_

In addition to meals, describe your child's pattern for snacks (time, what is eaten, etc.). \_\_\_\_\_

If a question about diabetes management comes up, who should we call and at what number? \_\_\_\_\_

❖ **ABOUT LOW BLOOD SUGAR REACTIONS...**

If your child's BS would get low, what signs or behaviors would our staff expect to see? \_\_\_\_\_

If your child's BS gets low, what should we do? \_\_\_\_\_

Are there particular stressors that tend to drop your child's BS? What are they? \_\_\_\_\_

When was your child's last low blood sugar reaction? How often does your child have low blood sugar reactions? \_\_\_\_\_

Has your child ever gone so low that s/he had a severe reaction (seizure, loss of consciousness)?

- No                       Yes and here's what happened:
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❖ **ABOUT YOUR CHILD'S INSULIN PUMP...**

How long has your child had an insulin pump? \_\_\_\_\_  Not Applicable

Is your child familiar with all the functions of their particular pump?  
(history, basal adjustment, etc.)  Yes  No

Is your child familiar with managing pump malfunctions?  Yes  No

Is your child familiar with changing sites and/or replacing tubing?  Yes  No

Is your child familiar with counting carbs and how to adjust their bolus?  
(at mealtimes and evening snack)  Yes  No

If you have answered NO to any of the above insulin pump questions, please provide us with information on who will assist your child while at camp.

❖ **ADDITIONAL INFORMATION...**

If your child's blood sugar is running high, what signs or behaviors would our staff note and what would you like us to do?

\_\_\_\_\_  
\_\_\_\_\_

What type of notification and how soon do you want it to occur if your child has a reaction? Provide appropriate phone/fax numbers. If you are not at home, should we leave a message on your voice mail?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

Name of your Diabetes Care Provider: \_\_\_\_\_ Phone( ) \_\_\_\_\_  
What else would you like to tell us about your child's diabetic management plan?

\_\_\_\_\_  
\_\_\_\_\_

❖ **Today's Date:** \_\_\_\_\_

**Signature of Person Providing This Information:** \_\_\_\_\_

**Relationship to Camper:** \_\_\_\_\_

**Please Attach this  
completed form to your  
child's Health Form!**