

Camper name: \_\_\_\_\_ Year: \_\_\_\_\_

**INSULIN INJECTION FORM**

Please use this form if your camper is on insulin injections per syringe or pen. If your camper uses the pump, please fill out the corresponding insulin pump form only. Please do not write in greyed out areas as that is for staff use.  Pen  Syringe

Quick Acting Name \_\_\_\_\_

Long Acting Name \_\_\_\_\_

A.M. Dose \_\_\_\_\_

P.M. Dose \_\_\_\_\_

**Dose Changes at Camp [To be Completed by Staff Only]** \_\_\_\_\_

**Amount of Insulin Given in Units for Every Gram of Carbohydrate**

MEAL	Grams of carbohydrate	# units insulin given	Changes Note Here [Staff Only]
Breakfast			
AM Snack			
Lunch			
PM Snack			
Dinner			
Bedtime Snack			

**Scale for Blood Sugars**

BS Range	# units insulin given	Changes Note Here [Staff Only]

**Scale for Ketones**

Ketone Level	# units insulin given	Changes Note Here [Staff Only]
Trace		
Small		
Moderate		
Large		

**Adjustments for Activity**

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