

Winter (until May 20)
10179 Crosstown Circle
Eden Prairie, MN 55344
Fax 952.922.7149
Voice 952.922.2545
800.242.1909



Summer (after May 20)
PO Box 1308
Lake Hubert, MN 56459
Fax 218.963.2447
Voice 218.963.2339
800.242.1909

2010 Diabetes Form

PLEASE PRINT & Return this form at least 3 weeks before your child arrives at camp.

About Your Child's Diabetes

Your child will continue self-care for his/her diabetes while attending our camp. We recommend that you complete this form in consultation with your diabetes educator. If you have questions or concerns, please call the camp office at 800-242-1909 during business hours. Attach additional information as needed, including physician medication orders or greater detail about your child's diabetes history.

Name of Camper: _____

Date of Birth: _____/_____/_____

Session Dates: _____

Camp: _____

Things to consider about the Camp Lincoln & Camp Lake Hubert program:

1. Because the program takes place in the outdoors, your camper may be more physically active than at home.
2. Campers do their own diabetes care while with us. Your camper's extra supplies (insulin, syringes, glucometer, etc.) will be kept in the camp Health Center where a sharps container is also available.
3. If our RN isn't available, at minimum, a person trained in first aid and CPR is available.
4. If a local physician, clinic and/or hospital services are needed, it is at least 30 minutes to transport someone from camp to the next level of care. In some situations it may take longer.
5. Campers with diabetes should be capable of adapting to changes in their meal time and capable of monitoring their own carbohydrates.
6. Some camp foods may be unfamiliar to your child. Coach your camper to ask their staff or head cook about ingredients and/or look over the menu if she/he has questions. If snacks are part of your camper's daily routine, this should be brought to camp.
7. Staff are told that campers 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 a low blood sugar level.

ABOUT YOUR CAMPERS ROUTINE CARE FOR HER/HIS 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? _____

Will your child be using an insulin pump while at camp? YES NO

If YES, what brand, model and model number? _____

What toll-free number should be called if there are problems with the pump? _____

How long has your child been using her/his pump? _____

How often will your child change the infusion set? _____

➤ NOTE: Be sure to bring back-up insulin syringes and insulin should the pump fail while at camp.

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? _____

Other campers may have questions about your child's diabetes care. The camp tends to approach chronic health concerns by normalizing the situation rather than sensationalizing it. We'd encourage your child to answer questions from others. Please let us know of your preferences in this situation as well as those of your camper.

ABOUT LOW BLOOD SUGAR REACTIONS

If your camper's BS would get low, what signs or behaviors would our staff expect to see? _____

If your camper's BS gets low, what should we do? _____

Are there particular stressors that tend to drop your camper's BS? What are they? _____

When was your camper's last low blood sugar reaction? How often does your camper have low blood sugar reactions? _____

Has your camper ever gone so low that she/he had a severe reaction (seizure, loss of consciousness)? YES NO

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? _____

Who do you want us to notify if your child has a reaction? Provide appropriate phone numbers. If you are not at home, should we leave a message on your answering machine?

Name of your Diabetes Care Provider: _____

Phone: _____

What else would you like us to know about your child's diabetic management plan? _____

Signature of Person Providing this Information: _____

Relationship to Camper: _____ **Date:** _____

Return this form at least three weeks before your child arrives to the camp office.

Thank you for helping us provide a great camp experience for your child!