



# Pre-Camp Glucose/Insulin Logs Camp Jordan 2009



7/9 - 7/16

Camper: \_\_\_\_\_

Home Insulin Regimen: \_\_\_\_\_  
\_\_\_\_\_

Syringes or Pens

Other Medications: \_\_\_\_\_

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

**\*USE THIS FORM IF YOU TAKE ORAL DIABETES MEDICINE OR  
TAKE ONLY 1-2 SHOTS PER DAY**

**Please complete these logs and bring to camp registration.**

Date	Breakfast	AM Insulin	Lunch	Lunch Insulin	Dinner	Dinner Insulin	Bedtime	QHS Insulin	2 AM
7/9 Thursday									
7/10 Friday									
7/11 Saturday									
7/12 Sunday									
7/13 Monday									
7/14 Tuesday									
7/15 Wednesday									
7/16 Thursday									

Are these blood sugars typical for your child?  Yes  No

Did your child participate in any unusual activities during this time period which may explain low or high blood sugars (please explain):