



Camp Jordan 2009

Pre-Camp Glucose/Insulin/Pump Logs 7/9 - 7/16



Camper: _____ Physician: _____

Pump: _____ Set: _____ Last Set Change: _____

Insulin: _____ Basal rates:

Time	Rate	Time	Rate

Insulin to carbohydrate ratio: _____

Breakfast: _____

Lunch: _____

Dinner: _____

Other: _____

Other Medications: _____

Allergies: _____

Correction for elevated Blood sugar: 1 unit decreases blood sugar by _____ mg/dl (target _____)

*USE THIS FORM IF YOU TAKE MORE THAN 2 SHOTS PER DAY OR USE AN INSULIN PUMP

Please complete these logs and bring to camp registration.

Date	Breakfast BS	Bolus	Mid AM BS	Bolus	Lunch BS	Bolus	Mid After BS	Bolus	Dinner BS	Bolus	Bedtime BS	Bolus	2AM	Site Change
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 on back):