

**Camp Sealth
Diabetes Health Evaluation Form**

To be completed by camper's diabetes health care provider

Dear Doctor:

Your cooperation in supplying the following information about an applicant for Camp Sealth will be greatly appreciated.

To Parent: Please complete boxed information BEFORE submitting to Physician

Name of applicant: _____ Gender: _____

Date of Birth: ___/___/___

Date of Exam: _____

Last hemoglobin A1C: _____ (lab normal range _____) Date: _____

Target Blood glucose range: Pre-breakfast _____ Pre-lunch _____
Pre-supper _____ Bedtime _____

What is child's nutrition program? _____

Current Weight _____ Current Height: _____

Please Note: It may be necessary with more exercise to increase caloric intake. This will be done under the camp health staff's supervision, in consultation with parents.

INDICATE THE LAST PRESCRIBED INSULIN DOSE FOR THE CHILD

If child is on a pump, please list insulin to carbhydrate ratio for each meal/snack

UNITS and TYPE (per grams of carbohydrate if applicable)

Before Breakfast _____ Before Lunch _____

Before Supper _____ Before Bedtime _____

Morning Snack _____ Afternoon Snack _____ Bedtime Snack _____

PLEASE CIRCLE ALL THAT APPLY AND GIVE PRECISE DOSAGES THROUGHOUT THE DAY:

Dosages and Times of Day

Lilly (Humulin) Humalog, Humulin N,
Humulin R, Humulin 70/30, Humulin 50/50,
Humalog Mix 75/25

Novo-Nordisk (Novolin) Novolog ,
Novolin N, Novolin R, Novolin 70/30,
Novolog Mix 70/30, Levemir

Aventis Lantus, Apidra

Other (Specify) _____

Pen _____

Pump: Please list brand and model: _____

What is the correction dose of insulin prescribed for high glucose boluses? (e.g. 1 unit per 50 mg/dl for BG>140) _____

Note: If insulin dose is to be changed during camp please discuss this with us at check in.

Have any complications of diabetes or disabilities been detected? Yes No (circle one)

If yes, please specify: _____

Emotional Status: It is imperative that the camp medical team be aware of any family or camper emotional problems which may affect the camper's health at camp or the health and safety of other campers and staff.

Has the child or family been in counseling over the past year? ____YES ____NO

Has the family been referred for counseling? ____YES ____NO

If yes, what is the nature of the problem? _____

Do you have any specific concerns regarding the management of this child's diabetes or health at camp? If so please explain:

Do you have any suggestions for the care of this particular child at camp or for areas of diabetes management and education focus:

Do you recommend any limitations on child's activity while at camp? No _____ Yes _____

If yes, please describe: _____

Physician's name (typed or printed) _____

Address: _____

_____ Phone: (____) _____

Physician's Signature: _____

Bring form with you to check in. If possible, also mail a copy in advance to:

Camp Director
Camp Sealth
14500 SW Camp Sealth Rd.
Vashon WA 98070

Questions? Call the Camp Director at 206-463-3174, ext. 22