Adventure Camp Medical Check-In Form

Please print this form, and fill out completely ***before*** coming to camp to speed up check-in. Do not email form in.
Please present form to your MASH medical team during camper check-in and we will go through it with you. Thank you!

Camper Name: _____ **Date of Birth: _____**

Any recent injuries, illnesses, hospitalizations?	
Any recent exposure to infectious or communicable disease?	
Usual symptoms of hypoglycemia for your camper? What do you usually use for hypoglycemia treatment?	
Please rate your camper's activity level (high/med/low)?	
Do you have any **other medications** your camper takes? If so, tell us what they are and when they are taken? *Note: These medications should be in their original prescription container and should not be expired.*	
For injectors: What **long-acting insulin** do you use? What is the dose of Lantus or Levemir (how many units)? What time of day does your camper take it?	
For pumpers: Tell us what your **basal rates** are through the day in the profile being used? *List all times and segments throughout the day and please verify these in your camper's pump.*	12a _____ units/hr…
What **rapid-acting insulin** do you use? (Api/Nov/Hum)	
What is the **insulin to carbohydrate ratio**? (1u:15g, etc) At breakfast? At lunch? At dinner? At snacks (if used)?	
What is the **correction factor or insulin sensitivity**? (1u:50, etc) At night? For daytime? Other?	
What are your **Blood Glucose (BG) targets** in the: Morning? Bedtime? Nighttime?	
What is your **active insulin/insulin on board (IOB)**? 3hr, 4 hr?	
For pumpers: What is the brand of insulin pump? What brand of infusion set does your camper use? Verified that the insulin pump has the correct time/date? When was the last site change done? Did you pack 5 complete site changes (sites/reservoirs/etc.)?	
What (if any) Continuous Glucose Monitor Sensor is used? *CGM is only allowed at camp if paired with receiver or pump. No phones will be allowed at camp to be used as receivers (Dexcom G5)*	Receiver Brand: _____ Receiver Serial #:_____ Transmitter serial #: _____
Who will be picking up your camper?	
What cell phone number is the absolute best to reach you at?	Name/Relation: Phone:
Verified your camper does not have phones/gaming devices?	