

PARENT REQUEST for Completion of 2019 Summer Camp Forms

*****WE NEED YOU TO ANSWER ALL QUESTIONS TO BE ABLE TO COMPLETE YOUR CHILD'S CAMP FORM!!!*****

Please return this Request Form to us along with any forms that have been provided by your child's camp.
Request Forms may be submitted by email: BerriePeds@cumc.columbia.edu or fax 212-851-5493.

Child's Name: _____ Date of Birth: _____ Date of Diagnosis: _____

- 1) Who is your child's doctor? GANDICA LEIBEL SOFTNESS VARGAS WILLIAMS
- 2) Does your child need supervision to check their blood sugar? YES NO
- 3) Does your child need supervision to give insulin? YES NO
- 4) What kind of rapid-acting insulin does your child use? Admelog Humalog Novolog Other: _____
- 5) What kind of long-acting insulin does your child use, including for pump failure? Basaglar Lantus Levemir Other: _____
- 6) What device does your child use to administer rapid-acting insulin?
 INJECTIONS with Syringes Pens **OR** **INSULIN PUMP** Animas Medtronic Omnipod Tslim
- 7) Does your child use a Continuous Glucose Monitor (CGM) or sensor? Dexcom G6 Dexcom G5 Guardian Libre
- 8) Please fill in the chart below with your child's insulin doses

	12a	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p
Carb Ratio																								
Correction Factor																								
Blood Glucose Target																								
Long Acting Insulin Dose OR Pump Basal Rates																								

PLEASE NOTE THERE IS A 2 WEEK TURN AROUND FOR ALL FORMS

****If needed within 24 hours, there will be a \$25 fee for expedited preparation****