

PARENT REQUEST for Completion of 2020 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 Trained adult must check blood sugar
- 3) Does your child need supervision to give insulin? YES NO Trained adult must give insulin
- 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** Tslim Medtronic Omnipod Animas
- 7) Does your child use a Continuous Glucose Monitor (CGM) or sensor? Dexcom G6 Dexcom G5 Guardian Libre
- 8) My child uses the following type of glucagon: Glucagon Baqsimi GVOKE
- 9) 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****