

Camp Tulahead's
Request for Additional Information
About Your Child's Diabetes

Camper' Name: _____

Camp Date: _____

We want your child to receive appropriate care and support for his/her diabetes while attending our program. Please complete this in consultation with your physician and send it to camp with your son/daughter on the first day of camp. You may contact our camp office at 250-295-6233 if you have any questions or concerns. Attach additional information as needed, including physician medication orders or greater detail about your child's diabetes history.

About the Camp Tulahead program...

1. The program takes place in the outdoors. Your camper may be more active in our program than s/he is at home.
2. We want campers to provide their own diabetes care while with us. We ask that supplies (insulin, syringes, glucometer, etc) be kept in the Doc's Office.
3. Our camp's healthcare is provided by an OFA Level 2/3 attendant.
4. The camp has access to a local physician, clinic and hospital services in Princeton. It takes 20 minutes to transport someone from the camp to the next level of care.
5. Most campers get up between 7:30 – 8:00a.m. Breakfast is at 8:30 am, lunch at 12:15pm and dinner at 6:00pm.
6. Staff are told that campers with diabetes know how to take care of themselves by balancing insulin, meal planning and exercise. Any additional information that you provide regarding your child will be shared with the staff.

ABOUT YOUR CHILD'S ROUTINE CARE FOR HIS/HER DIABETES....

1. When does your child check blood sugar (BS)? _____
2. What is your child's usual range of BS readings? _____
3. When does your child inject insulin? _____
4. What type is used and how many units? _____

5. In addition to meals, describe your child's pattern for snacks (time, what is eaten, etc): _____

6. If a question about diabetes management comes up, who should we call and at what number? _____
7. Other campers may have questions about your child's diabetes care. Tulahead tends to approach chronic health concerns in a "normalizing" manner rather than sensationalizing the situation. Please let us know of your preferences in this situation as well as those of your child. _____

ABOUT LOW BLOOD SUGAR REACTIONS....

1. If your child's BS should get low, what signs or behaviors should our staff expect to see? _____

2. If your child's BS gets low, what should we do? _____

3. Are there particular stressors that tend to drop your child's BS? What are they?

4. When was your child's last low blood sugar reaction? _____

How often does your child have low blood sugar reactions? _____

5. Has your child ever had a severe low blood sugar reaction (seizure, loss of consciousness)? ___No ___Yes and here's what happened...

ADDITIONAL INFORMATION....

1. If your child's blood sugar is running high, what signs or behaviors should we look for and what would you like us to do?

2. What type of notification and how soon do you want it to occur if your child has a reaction? Provide appropriate phone/fax numbers. If you are not at home, should we leave a message on your answering machine?

3. Name of your Diabetes Care Provider: _____ Phone: _____

4. What else would you like us to know?

Name of Person Providing This Information: _____

Relationship to camper: _____

**Complete and send this form with your son/daughter on the first day of camp.
Questions? Please call 250-295-6233**