



**APPLICATION DUE BY APRIL 19th!**  
**Camp Kandu Medical Form for Campers and CITs**  
**Diabetes Foundation of Mississippi**  
**715 S Pear Orchard Rd, Suite 210**  
**Ridgeland, MS 39157**  
**Phone (601) 957-7878 Fax (601) 957-9555**

Name: \_\_\_\_\_ Goes by: \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female

Parent's/Guardian's Names: \_\_\_\_\_

Address: \_\_\_\_\_ email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Parent cell phone: \_\_\_\_\_ Can you receive text? \_\_\_ Yes \_\_\_ No

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Diagnosed (MM/YYYY): \_\_\_\_\_

**Type of Insulin:** \_\_\_ NPH \_\_\_ Fiasp \_\_\_ 70/30 \_\_\_ Novolog \_\_\_ Humalog  
 \_\_\_ Apidra \_\_\_ Novolog 70/30 \_\_\_ Humalog75/25 \_\_\_ Lantus \_\_\_ Levemir  
 \_\_\_ Other meds - please name \_\_\_\_\_

Usual Dose: \_\_\_\_\_ A.M. \_\_\_\_\_ Noon  
 \_\_\_\_\_ P.M. \_\_\_\_\_ Bedtime

Sliding Scale used to correct high Blood sugars: \_\_\_\_\_ Bolus  
 \_\_\_\_\_ Insulin to Carbohydrate Ratio

**Insulin pumper?** \_\_\_ Yes \_\_\_ No What brand pump? \_\_\_\_\_ **CGM?** \_\_\_ Yes \_\_\_ No

Type of Glucose monitor used: \_\_\_\_\_ How often? \_\_\_\_\_

Does your child test of urine ketones? \_\_\_\_\_ When: \_\_\_\_\_

**Indicate if the following are done by child or parent:**

\_\_\_ Withdrawing Insulin \_\_\_ Injecting Insulin \_\_\_ Testing Blood Sugar \_\_\_ Testing Urine Ketones



**PLEASE TURN OVER AND FILL OUT THE BACK OF THIS FORM!!!**



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Does child normally recognize low blood sugar? \_\_Yes \_\_NO

**Usual signs low BG:** \_\_\_\_\_

What does child use to treat low blood sugar? \_\_\_\_\_

Number of hospitalizations in past year due to diabetes: \_\_\_\_\_

Child's most recent HbA1C: \_\_\_\_\_ Does child wear glasses or contact lenses? \_\_\_\_\_

What allergies does child have: \_\_\_\_\_ **Please bring EpiPen if needed!**

Any Physical Limitations: \_\_\_\_\_

Medications your child will take at camp: \_\_\_\_\_

What type of diet is child eating? \_\_\_\_\_ Free \_\_\_\_\_ Exchange \_\_\_\_\_ Carb. Counting

Socializes with other children: \_\_\_\_\_ Easily \_\_\_\_\_ With Difficulty

Please help us tailor the educational programs to your needs and list questions or topics that you want discussed: \_\_\_\_\_

**PLEASE ANSWER THESE QUESTIONS!**

**Can you count carbs?** Yes No Not Sure **Calculate insulin based on carbs consumed?** Yes No Not Sure

**Know how to manage sick days?** Yes No A little **Meal Planning questions?** Yes No Some

**Does your child use an insulin pump?** Yes No **Know how to do basal testing?** Yes No Not Sure

**Understand insulin sensitivity factor?** Yes No Say what? ? **Know how to adjust pump settings?** Yes No

**School issues with diabetes?** Yes No Sometimes **Sports/activity questions?** Yes No Not Sure

**Does your child use a CGM device?** Yes No **Family issues coping with diabetes?** Yes No Sometimes

**Sibling issues with diabetes?** Yes No Sometimes **Bullying issues with diabetes?** Yes No Sometimes

**Bring Your Supplies!**

- Blood Glucose strips and METER!!
- Spare CGM sensor and Tegaderm or other dressing
- Insulin plus spare infusion sets if using insulin pump
- Syringes and/or insulin pens
- Glucagon Emergency Kit
- EPIpen if needed for allergies
- Bug Spray/Sunscreen
- **PLEASE check weather and dress accordingly!**

Please fill out the above information along with the camp waiver and return it to the Diabetes Foundation of Miss. with registration, waiver and check by **APRIL 19th!**

**SEE YOU AT CAMP!! Our fax is 601 957-9555**