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

APPLICATION DUE BY NOVEMBER 8TH!

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 1_____ Type 2 _____ Not Sure Yet _____

Type of Insulin: ___NPH ___Fiasp ___ 70/30 ___Novolog ___Humalog
____ Apidra ___Novolog 70/30 ___Humalog75/25 ___Lantus ___Tresiba
____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

Do you need support from a Parent-to-Parent mentor? Yes No

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 the 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 **November 8th!** Our fax is 601 957-9555