



**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 APRIL 25TH!

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!!!



APPLICATION DUE BY APRIL 25TH!

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 **April 25th!** Our fax is 601-957-9555.