



BLOOD GLUCOSE TRACKING FORM

Camper Name _____

Parents/Guardians: Please fill in this chart with blood sugars, carbs consumed, insulin doses and pump site changes from the week prior to your child's session at camp and **bring it with you to Camp registration**. This information will help the health care team manage your child's diabetes while at camp.

Day	2 am <small>(Optional)</small> Blood sugar	Breakfast			Lunch			Dinner			Bed Blood sugar and insulin	Comments
		BG	Carbs	Insulin	BG	Carbs	Insulin	BG	Carbs	Insulin		
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
Sunday												

DO NOT MAIL THIS FORM. BRING IT WITH YOU TO CAMP REGISTRATION.