



DUE MARCH 30, 2017

CAMPER MEDICAL FORM / HEALTH EVALUATION

***Please send with immunization record**

To be completed by camper's diabetes health care provider

Dear Doctor:

Your cooperation in supplying the following information about an applicant for ADA Camp Carefree will be greatly appreciated. **The child will not be accepted at Camp without this form and proof of immunization.**

To Parent: Please complete only the boxed information below BEFORE submitting to Physician

Name of Applicant: _____	Gender: M F	Date of Birth: ___/___/___
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The rest of this form must be completed by your child's doctor.

IMMUNIZATION HISTORY

Please complete the following check list and provide proof of immunization, e.g., a copy of the school immunization record or medical immunization record from your office.

- Hepatitis B
- Measles, mumps, rubella (MMR)
- Varicella (VAR)
- DTaP, DT/DTP, Tdap
- Polio

Addition information may be found at <http://www.dhhs.nh.gov/dphs/immunization/documents/schools16-17.pdf>

Date of Exam: _____ Current Weight: _____ Current Height: _____

Last hemoglobin A1C: _____ (lab normal range _____) Date: _____

Target Blood glucose range: Pre-breakfast _____ Pre-lunch _____
Pre-supper _____ Bedtime _____

What is child's nutrition program? _____

Is child on a continuous glucose monitoring system? Yes No

If yes, what system? _____

Is camper in a clinical trial that will require specific medical treatment/care at Camp?

Yes No If yes, please attach specific information.

Please Note: It may be necessary with more exercise to increase carbohydrate intake. This will be done under the Camp physician's supervision and noted in the camper's chart.



INDICATE THE LAST PRESCRIBED INSULIN DOSE FOR THE CHILD

If child is on a pump, please list insulin to carb ratio for each meal/snack

UNITS/TYPE (per grams of carbohydrate if applicable)

Before Breakfast _____

Before Lunch _____

Before Supper _____

Before Bedtime _____

Morning Snack _____

Afternoon Snack _____

Bedtime Snack _____

PLEASE CIRCLE ALL THAT APPLY:

Lilly Humalog, Humulin N, Humulin R, Humulin 70/30,
Humalog Mix 75/25, Humalog Mix 50/50

Novo-Nordisk Novolog, Novolin N, Novolog Mix 70/30, Levemir,

Sanofi-Aventis Lantus Apidra

Other Insulin (List Brand & Type): _____

Pen (List Brand and model): _____

Pump: List brand and model: _____

What is the correction dose of insulin prescribed for high glucose boluses? (E.g., 1 unit per 50 mg/dl for BG>140.)

Note: If insulin dose is changed during Camp, parent will be notified at departure interview.

Have any complications of diabetes or disabilities been detected? Yes No

If yes, please specify: _____

Emotional Status: It is imperative that the Camp medical team be aware of any family or camper emotional problems which may affect the camper's health at Camp or the health and safety of other campers and staff.

Has the child or family been in counseling over the past year? Yes No

Has the family been referred for counseling? Yes No

If yes, what is the nature of the problem?

Do you have any specific concerns regarding the management of this child's diabetes or health at Camp? Yes No

If yes, please explain:

Do you have any suggestions for the care of this particular child at Camp or for areas of diabetes management and education focus? Yes No

If yes please explain: _____

Do you recommend any limitations on child's activity while at Camp? Yes No



If yes, please describe: _____

Are there any reasons that you feel your patient should not participate in the American Diabetes Association summer Camp program? Yes No

If yes, why not? _____

Physician's name (typed or printed): _____

Address: _____ Phone: (____) _____

Physician's Signature: _____

**After completion, please give this form back to the parents to return
Or return directly:**

**Wendy Pack, Camp Coordinator
ADA Camp Carefree
PO Box 2118
Wolfeboro, NH 03894**

**FAX: 617-507-3471
EMAIL: wendy@campcarefreekids.org**



Camp Carefree

NOTE: All information submitted to the American Diabetes Association will be kept private and confidential.