

Please DO NOT MAIL
this form. Bring it
with you to camp.

The Master's Inn Health Services

Reviewed by Camp Staff
(Initial): _____ Date: _____

Diabetes

THIS FORM MUST BE COMPLETED IN ORDER TO ATTEND CAMP

Please complete this form and give to the nurse at check-in. Be sure to bring any necessary equipment and enough medications for the entire week. Non-compliance with the Doctor's orders or camp policies will result in dismissal from camp.

To be completed by parent or guardian:

Child's name: _____ Age: _____

History of present condition (including onset, triggers of complications, etc.): _____

Is the child able to manage glucose monitoring, insulin drawing /administering independently? Yes ___ No ___

Please indicate the date of the most recent treatment needed for each:

- Hypoglycemic episode: _____
- Hyperglycemic episode: _____
- Hospitalization: _____

I understand that any child with a chronic health condition is more at risk in a new environment to have changes in their health status. I have been informed that the camp health center is a basic first aid station and NOT equipped for medical emergencies of a catastrophic nature. The time to reach such care may be delayed due to the distance of the nearest medical care facility. I know my child has a pre-existing condition and I will fully accept any financial responsibility incurred as a result of a decision by the staff of The Master's Inn to seek outside medical attention. I agree to allow my child to attend camp with the knowledge I have of my child's condition and the camp setting. I further understand that non-compliance with Doctor's orders and/or camp policies will result in my child's dismissal from camp without refund. I have provided any and all information to best help the staff of The Master's Inn care for my child in my absence.

Parent/guardian signature: _____ Date: _____

TO BE COMPLETED BY YOUR DOCTOR:

Check any or all that apply to the above listed Patient and indicate Rx and schedule for each. Orders for blood sugars <40 and >350 are mandatory for camp attendance.

- Diet Control/Restrictions: _____
- Medications: _____

- Insulin TYPE: _____
 Gluconometer Checks: _____
 Sliding Scale Orders: _____

Special instructions or restrictions:

Doctor's signature _____ Date _____