

**Office Use:**

Cabin _____
Session Dates
From: ____/____/____
To: ____/____/____

# Camp Foley Health Care Diabetes Health Care Plan

**Request for additional information about your child's Diabetes.**

Please return by <b>May 1</b> :
Camp Foley
9303 Father Foley Drive
Pine River MN 56474
FAX 218-543-4269

<b>Camper's name</b> _____	<b>Birthdate</b> _____
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**For your Information:**

Your child will continue self-care for his/her diabetes while attending our program. Our Health Center Staff, while not diabetes educators nor specialists in diabetes care, would like to partner with you insofar as supportive care is concerned. They will rely on this form's information to direct that support. We recommend that you complete this form in consultation with your diabetes educator. Return this form to us at least three weeks before your child arrives. Attach additional information as needed, including physician medication orders or greater detail about your child's diabetes history.

**About the Camp Foley Program:**

1. Camp Foley's program takes place in the outdoors. Your child may be more active in our program than he/she is at home.
2. We prefer that campers provide their own diabetic care while with us. We ask that supplies (insulin, syringes, glucometer, snacks, etc.) be kept in the Health Center. A sharps container is available.
3. A RN is in residence at camp.
4. Foley has access to a local physician, clinic and hospital services in our local community. It is 15 minutes to the clinic and 45 minutes to the hospital. Camp is served by 911 emergency.
5. Meals are kid-friendly focused. Meal times are generally at 8:15 a.m., 12:00 p.m. and 6:00 p.m.. Campers get up around 7:15 a.m. Juice and crackers can be provided by the camp. Any additional snacks may be sent with your camper. If you would like more information regarding the meals and snacks offered at camp please let us know.
7. Staff are told that campers with diabetes know how to take care of themselves. We will brief cabin and activity staff about your child's diabetes, especially the signs that indicate low blood sugar level.

**About Your Camper's Routine Care For His/Her Diabetes:**

When does this child test blood sugar (BS)? \_\_\_\_\_

What is your child's normal range of BS readings? \_\_\_\_\_

When does your child inject insulin? What type is used and how many units? \_\_\_\_\_

Will your child be using an insulin pump while at camp? Yes No

If YES, what brand, model and model number? \_\_\_\_\_

What toll-free number should be called if there are problems with the pump? \_\_\_\_\_

How long has your child been using his/her pump? \_\_\_\_\_

How often will your child change the infusion set? \_\_\_\_\_

**NOTE:** Be *sure* to bring back-up insulin syringes and insulin, should the pump fail while at camp.

In addition to meals, describe your child's pattern for snacks (time, what is eaten, etc.): \_\_\_\_\_

If a question about diabetes management comes up, who should we call and at what number(s)? \_\_\_\_\_

Other campers may have questions about your child's diabetes care. Camp Foley tends to approach chronic health concerns in a "normalizing" manner rather than sensationalizing the situation. We'd encourage your child to answer questions from others. Please let us know of your preferences in this situation as well as those of your child.

## About Low Blood Sugar Reactions:

If your camper's BS would get low, what behaviors would our staff expect to see?

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If your camper's BS gets low what should we do?

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Are there particular stressors that tend to drop your child's BS? What are they?

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When was your camper's last low blood sugar reaction? How often does your child have low blood sugar reactions?

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What triggers a high blood sugar reaction for your camper and how does he/she behave?

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Has your camper ever gone so that s/he had a severe reaction (seizure, loss of consciousness)

No       Yes and here's what happened....

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## Additional Information:

If your child's blood sugar is running high, what signs or behaviors should we look for and what would you like us to do?

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Who do you want us to notify if your child has a reaction? Provide appropriate phone numbers and FAX numbers. If we can not reach you, should we leave a message on your answering machine?

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What else would you like us to know?

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**Name of your Diabetes Care Provider:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Printed Name of Custodial Parent/Guardian:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Concerns? Questions? Please contact Marie Schmid, Director at 218-543-6161 or [marie@campfoley.com](mailto:marie@campfoley.com)