



DIABETES Individual Treatment Plan

Estes Park Center
YMCA of the Rockies
Youth Programs

Camper Name: _____ Date of Birth: _____ Camp Week #: _____ Group: _____

Your child will continue self-care for his/her diabetes while attending our program. Our Health Center Day Camp Health Care Coordinator (DCHCC), while not a diabetes educator or specialist in diabetic care, would like to partner with you insofar as supportive care is concerned. S/he 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.** Please attach additional information as needed, including physician medication orders or greater detail about your child's diabetes.

About your camper's routine care for his/her diabetes

When does your child check blood sugar (BS) levels? _____

What is your child's usual range of BS readings? _____

Does your child use an insulin pump? Yes No

If yes, how long has your child been using his/her insulin pump? _____

If your child does not use an insulin pump,

When does your child inject insulin? _____

What type is used and how many units? _____

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

About low blood sugar reactions

Has your child's BS ever been so low that s/he had a severe reaction (seizure, loss of consciousness)? Yes No

If yes, this is what occurred: _____

What specific signs or behavior does your child exhibit when his/her BS is low? _____

How low can your camper's BS get before you want us to intervene? _____

What actions should we take if your child's BS gets low? _____

If your child's BS is running high, what signs or behaviors would our staff note: _____

What would you like us to do? _____

Is there anything else we need to know about your child's diabetic management plan? _____

Other campers may have questions about your child's diabetes care. The YMCA of the Rockies/Estes Park Center's Youth Program tends to approach chronic health problems by normalizing the situation rather than sensationalizing it. We'd encourage your child to answer questions from others. Please let us know your preferences in this situation as well as those of your camper.

Custodial Parent/ Legal Guardian Signature

Printed Name

Phone

Date

Physician's Signature

Printed Name

Phone

Date