PARENT REQUEST for Completion of 2023 Summer Camp Forms

WE NEED YOU TO ANSWER ALL QUESTIONS TO BE ABLE TO COMPLETE YOUR CHILD'S CAMP FORM!!!

Please return this Request Form to us along with any forms that have been provided by your child's camp.
Request Forms may be submitted by email: BerriePeds@cumc.columbia.edu or fax 212-851-5493.

Child's Name:							Date of Birth:								Date of Diagnosis:												
1)	Who i	is you	ır chilc	l's doc	tor?	□ GAN	NDICA	□ LEI	BEL [SOFT	NESS	□ VAR	GAS 🗆	WILLI	AMS		OTKIN										
2)	2) Does your child need supervision to check to								their blood sugar?						□ NO □ TRAINED ADULT MUST CHECK BLOOD SUGAR												
3)	Does	your	child n	eed su	upervis	sion to	give ir	nsulin?							□ NO □ TRAINED ADULT MUST ADMINISTER INSULIN												
4)) What kind of rapid-acting insulin does your chi									hild use? □ Admelog							□ Humalog □ Novolog □ Other:										
5)	What	kind	of lon	g-actin	g insu	lin doe	es your	child ı	use, in	cluding	g for p	ump fa	ailure?														
	□ Basaglar □ Lantus □ Levemir □ Other:																										
6)	6) What device does your child use to administer rapid-acting insulin?																										
	□ INJECTIONS with □ Syringes □ Pens OR INSULIN PUMP □ Omnipod □ Omnipod Dash □ Omnipod 5 □ Tslim																										
7)	Does	your	child u	se a C	ontinu	ous Gl	ucose	Monite	or (CG	M) or s	ensor	? 🗆 De	xcom (66 □ D	excom	n G 7 □	Freest	yle Lib	re								
8)	My ch	nild us	ses the	follo	wing ty	ypes o	f gluca	gon:	Gluca	agon	□ Baqs	imi 🗆	GVOK	Œ													
8) My child uses the following types of glucagon: Glucagon Baqsimi GVOKE 9) Please fill in the chart below with your child's insulin doses																											
		12a	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1р	2р	3p	4p	5p	6р	7р	8p	9p	10p	11p		
Carb Rati	io																										
Correctio	n																										
Factor																											
Blood Gluc	ose																										
Target																											
Long Action	_																										
OR Pump B	asal																										

PLEASE NOTE THERE IS A 2 WEEK TURN AROUND FOR ALL FORMS

If needed within 48 hours, there will be a \$25 fee for expedited preparation

Please call 212-851-5494 to make payment.