## PARENT REQUEST for Completion of 2025 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 o	of Birth	າ:		Date of Diagnosis:												
1)	Who is	your	child	l's doc	tor?	□ GA	NDICA	<b>\</b>	LEIBEI	. 🗆	VARGA	AS I	□ WILL	IAMS	<b>-</b> 9	SIROTK	IN								
2)	2) Does your child need supervision to ch								heck their blood sugar?						O TRAINED ADULT MUST CHECK							SUGA	<b>R</b>		
3)	3) Does your child need supervision to give insulin?														NSULI	N									
4)	4) What kind of rapid-acting insulin does your child use?               Admelog/Humalog/Lispro    Fiasp   Novolog														;	Other:									
5)	What lo	ong-a	cting	insuli	n does	your	child u	se, <u>inc</u>	luding	for pu	ımp fail	lure?	□ Sem	iglee	□Ва	asaglar		Lantus		□ Tresi	ba	□ Othe	er:		-
6) What device does your child use to administer rapid-acting insulin?    INJECTIONS with   Syringes   Pens   OR INSULIN PUMP   Mobi   Tslim   Omnipod 5   iLet   Other:  7) Does your child use a Continuous Glucose Monitor (CGM) or sensor?   Dexcom G6   Dexcom G7   Freestyle Libre  8) My child has the following types of glucagon:   Glucagon   Baqsimi   GVOKE   Zegalogue  9) Please fill in the chart below with your child's insulin doses:																									
<u> </u>		.2a	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1р	2р	3p	4p	5p	6р	7р	8р	9р	10p	11p
Carb Rati	io																								
Correction Factor																									
Blood Gluc Target																									
Long Acti Insulin Do	_																								
OR Basal Ra	ates																								

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

\*\*If needed within 48 hours, there will be a \$50 fee for expedited preparation\*\*

Please call 212-851-5494 to make payment.