

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Cabin: \_\_\_\_\_

**Bolus:** before/after meals  
**PUMP CHANGE DUE TODAY? Yes / No**

Changes made today (ex: Insulin to Carb Ratios, Correction/ Insulin Sensitivity Factor, Basal Rates):

	12A	2A	4A	6A	8A				12P				5:30P			8:30P					
BLOOD GLUCOSE																					
CARBS EATEN																					
INSULIN FOR CARBS																					
INSULIN CORRECTION																					
KETONES																					

**Notes:**

Breakfast		Lunch		Dinner		Snack

MD: \_\_\_\_\_ Medical Staff: \_\_\_\_\_ Camper: \_\_\_\_\_

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Cabin: \_\_\_\_\_

**Bolus:** before/after meals  
**PUMP CHANGE DUE TODAY? Yes / No**

MD: \_\_\_\_\_ Medical Staff: \_\_\_\_\_ Camper: \_\_\_\_\_