

**CAMPER:** \_\_\_\_\_

**AGE:** \_\_\_\_\_

<input type="checkbox"/>	Pump: _____	Insulin Used in Pump: _____	<input type="checkbox"/>	Shots	<input type="checkbox"/>	Pen	Short Acting Insulin: _____
			<input type="checkbox"/>	<b>POLI</b>	<input type="checkbox"/>	Syringe	Long Acting Insulin: _____
<input type="checkbox"/> CGM			If yes, brand: _____				

## PRE-CAMP LOG

*BASILINE/HOME*    Corr./Sens. Factor = DAY: \_\_\_\_\_ NIGHT: \_\_\_\_\_    Insulin:Carb = Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_

WEDNESDAY	TIME/ BASAL (U)	12m	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p	
	BG																									
	CGM																									
	CORRECTION (U)																									
	CARB (G)																									
	BOLUS (U)																									
	<b>NOTES:</b>																									

THURSDAY	TIME/ BASAL (U)	12m	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p	
	BG																									
	CGM																									
	CORRECTION (U)																									
	CARB (G)																									
	BOLUS (U)																									
	<b>NOTES:</b>																									

FRIDAY	TIME/ BASAL (U)	12m	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p	
	BG																									
	CGM																									
	CORRECTION (U)																									
	CARB (G)																									
	BOLUS (U)																									
	<b>NOTES:</b>																									