Camp STIX
Medical Check-in Form

Please print this form and fill out completely before coming to camp to speed up check-in. Do not email form in. Please present form to your MASH medical team during camper check-in and we will go through it with you. Thank you!

Camper Name: _____   Date of Birth: _____

In the event we need to contact you, write down phone numbers in the order we should call.	Contact Name/Relation Number
Who will be picking up your camper?	
Allergies/sensitivities and their reactions	
Does your camper take other medications? If so please list the name, dose, and time of day they are taken. *Note: These medications should be in their original prescription container and should not be expired.*	Med Dose Time
What rapid-acting insulin do you use?	
What is camper's **insulin to carbohydrate ratio**. (ex 1u:15g)	At breakfast? At lunch? At dinner? At snack (if used)?
What is camper's **correction factor** or **insulin sensitivity**? Please specify if that changes throughout day (ex 1u:50)	
What are camper's **Blood Glucose targets**? Please specify if that changes throughout day.	
What is camper's **active insulin/insulin on board** (IOB) time? (ex 3 hours)	
For injectors: What **long-acting insulin** do you use? (Lantus, Levemir, etc) How many units of **long-acting insulin** do you take? What time of day do you take **long-acting insulin?**	
For pumpers: What brand of insulin pump do you use? What brand of infusion set do you use? When was last site change done? Did you pack 5 complete site changes (sites, reservoirs, etc)	
For pumpers: Tell us what your basal rates are through the day in the profile being used. List all times and segments throughout the day and please verify these in your camper's pump. (ex 12AM 0.1 units/hr)	
What (if any) Continuous Glucose Monitor Sensor is used? *CGM is only allowed at camp if paired with receiver or pump. Must bring signed CGM waiver. No phones will be allowed at camp to be used as receivers.*	Receiver Brand: Receiver Serial Number: Transmitter Serial Number: