

Diabetes Management for RVR Health Services

If the participant has been diagnosed with diabetes and is under the age of 18, this form must be completed and signed by both the physician and the parent or legal guardian.

Participant's Name: _____ DOB _____ Camp/Program _____

1. Authorized Health Care Provider Verification:

The participant can self-perform the following:

- Blood glucose testing
- Injecting insulin
- Operating insulin pump
- Measuring insulin
- Determining dose
- Other _____

(Self-performance of these tasks will be observed and monitored using a double check system between the camper and either an RN or a Certified Medication Technician).

2. Blood Glucose Testing: (check all that apply)

Target range for blood glucose at camp _____

- AC and HS
- PC and HS
- At camper's discretion
- AC, PC & HS
- Before snacks
- Other _____

3. Snack times: (check all that apply)

- Mid morning
- Bedtime
- Afternoon
- Other _____

4. Insulin Orders:

Short acting:

Brand name and type: _____

Administration times: (check all that apply)

- AC and HS
- PC and HS
- Other _____
- AC, PC & HS
- Before snacks

Insulin Administration via:

- Syringe and vial
- Insulin pen
- Insulin pump
- Other _____

Insulin Dosing:

Written Sliding Scale as follows:

Blood Glucose _____ to _____ = _____ units
 Blood Glucose _____ to _____ = _____ units
 Blood Glucose _____ to _____ = _____ units
 Blood Glucose _____ to _____ = _____ units
 Blood Glucose _____ to _____ = _____ units
 Blood Glucose _____ to _____ = _____ units

- Add Carb calculation insulin dose to Sliding Scale

Insulin to carbohydrate ratio:

_____ unit(s) insulin per _____ Carbs (gms)

Long acting:

Brand name and type: _____

Dose/Route: _____

Administration time(s): _____

Additional Orders/Notes

5. Hypoglycemia:

- Treatment for mild lows: from _____ to _____
- Treatment for moderate lows: from _____ to _____
- Treatment for severe lows with unconsciousness

6. Hyperglycemia:

- If blood glucose > _____ initiate insulin orders
- If blood glucose > _____ or exhibit symptoms of ketosis, check urine ketones.
- Other: _____

Doctor's stamp

Doctor's Signature: _____ Date: _____

I understand that any child with a chronic health condition is more at risk in a new environment to have changes in their health status. I have been informed that the camp health center is a basic first aid station and NOT equipped for medical emergencies of a catastrophic nature. I'm aware that River Valley Ranch has physician approved emergency protocols in place for treatment of hypoglycemia and hyperglycemia. These protocols will be initiated in the event the above orders do not improve the status of my child's condition. I know my child has a pre-existing condition and I will fully accept any financial responsibility incurred as a result of a decision by the staff of River Valley Ranch to seek outside medical attention. I agree to allow my child to attend camp with the knowledge I have of my child's condition and the camp setting. I further understand that non-compliance with Doctor's orders and/or camp policies will result in my child's dismissal from camp without refund. I also agree to provide the necessary supplies and equipment needed for treatment.

Parent/guardian signature: _____ Date: _____

Consent to Attend Camp with Underlying Medical Condition



Camper Name: _____

Camp Program/week: _____

Underlying Medical Condition: _____

Certain pre-existing/underlying or chronic medical conditions are known to increase the risk of severe COVID-19 related symptoms including, but not limited to:

- Chronic lung disease: asthma, cystic fibrosis, or other
- Diabetes
- Heart conditions
- Kidney or liver dysfunction
- Immunocompromised

I understand that any child with a chronic health condition is more at risk in a new environment to have changes in their health status. I also understand that if exposed to the novel coronavirus, my child is at a greater risk for experiencing severe and possibly life-threatening symptoms. I have discussed the increased risks associated with attending a camp program with my health care provider. Together, we agree to allow the above mentioned child to attend RVR despite the knowledge we have of the child's condition and the camp setting.

Health Care Provider Signature

Date

Parent Signature

Date

**For more detailed information regarding RVR's COVID-19 response, visit our COVID-19 webpage at rivervalleyranch.com/covid-safety*