

Please Return by March 31, 2026

2026 Kids for a Cure Club Day Camp

Physician's Approval and Orders- Injections

Child's Name: _____ **DOB/Age:** _____

The child listed above is my patient and I have been treating him/her for diabetes since: _____
I certify this child is physically fit to participate in all the activities of "Kids for a Cure," the Diabetes Day Camp being co-sponsored by Mary Washington Healthcare Diabetes Management Program.

Please indicate the patient's insulin orders:

Insulin type/dosage: _____

Target blood sugars: _____

Please Circle YES or NO

Correction factor: _____

Is Insulin Given for Snack? YES NO

Is CGM used for dosing? YES NO

Is A Correction Given for Snack? YES NO

Is Insulin Given for Lunch? YES NO

Is A Correction Given for Lunch? YES NO

Sliding Scale (if applicable): _____

Other orders or comments about patient care: _____

***Temporary bolus adjustments for activity during camp may be made by CDCES.**

Physician Signature: _____ **Date:** _____

Physician's name/address/phone (please print)

Orders must be signed and received by March 31, 2026 for the child to attend camp.