

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

**Correction factor:** \_\_\_\_\_

**Is CGM used for dosing?** YES NO

### **Please Circle YES or NO**

Is Insulin Given for Snack? 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.**