Best phone #'s to reach Parents:

Camper's Name:_____

Lunch Ratio:_____ Correction:_____

Number of carbs used to treat low BG:_____

Monday Time:	Breakfast				Lunch				Dinner		Bedtime	Night	Notes
Blood Sugar													
Grams Carb													
Meal Dose													
Correction													
Ratio													

Tuesday Time:	Breakfast				Lunch				Dinner		Bedtime	Night	Notes
Blood Sugar													
Grams Carb													
Meal Dose													
Correction													
Ratio													

Wednesday Time:	Breakfast				Lunch				Dinner		Bedtime	Night	Notes
Blood Sugar													
Grams Carb													
Meal Dose													
Correction													
Ratio													

Thursday Time:	Breakfast				Lunch				Dinner		Bedtime	Night	Notes
Blood Sugar													
Grams Carb													
Meal Dose													
Correction													
Ratio													

Friday Time:	Breakfast				Lunch				Dinner		Bedtime	Night	Notes
Blood Sugar													
Grams Carb													
Meal Dose													
Correction													
Ratio													