Date: [Insert Date]

To: [Camp Name] Medical Staff / Camp Director

Re: Medical Clearance for [Patient Name]

Date of Birth: [Insert DOB]

To Whom It May Concern,

[Patient Name] is currently under my care for the management of Type 1 Diabetes. They are in stable health and are medically cleared to participate in all summer camp activities, including physical sports and water activities, with the necessary diabetic precautions.

Current Treatment Regimen:

- **Insulin Delivery:** [Insulin Pump / Injections]
- **Glucose Monitoring:** [CGM / Finger Sticks]
- **Insulin Type(s):** [Insert Insulin Names]

Management Guidelines:

- The patient/caregivers are authorized to adjust insulin doses based on carbohydrate intake and physical activity levels.
- The patient must have access to fast-acting glucose (e.g., juice, glucose tabs) and their testing supplies at all times.
- In the event of severe hypoglycemia, [Glucagon/Baqsimi/Gvoke] should be administered as prescribed.

Attached to this letter, please find the patient's detailed Diabetes Medical Management Plan (DMMP), which includes specific sliding scales, carb ratios, and emergency contact information.

If you have any questions regarding this patient's care, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]
[Physician Name, MD/DO/NP]
[Clinic/Hospital Name]
[Contact Information]