

SCHOOL BOARD OF BROWARD COUNTY
HEALTH EDUCATION SERVICES
DAILY DIABETIC LOG

Student's Name _____ School _____ Week of _____

Doctor _____ Phone # _____ Fax # _____

TYPE OF INSULIN GIVEN _____ (H = Humalog R = Regular NP = NPH U = Ultra Lente) Given by (circle) PUMP INJECTION

For Pump, give reason for insulin administration: B = Bolus C = Correction Dose A = absent V = no school S = other

REMEMBER ADMINISTER INSULIN ONLY AT TIMES ORDERED

DAY/DATE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
TIME					
BLOOD SUGAR					
# CARBS IN GMS					
INSULIN (# units)					
SITE					
Initials					
TIME					
BLOOD SUGAR					
# CARBS IN GMS					
INSULIN (# units)					
SITE					
Initials					
TIME					
BLOOD SUGAR					
# CARBS IN GMS					
INSULIN (# units)					
SITE					
Initials					
TIME					
BLOOD SUGAR					
# CARBS IN GMS					
INSULIN (# units)					
SITE					
Initials					
Signature					
Signature					

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DATE	TIME		Initials

DATE RECEIVED	MEDICATION (Name and dosage)	AMOUNT	PARENT/GUARDIAN SIGNATURE	RECEIVED BY (School designee signature)