

BLOOD GLUCOSE MONITORING LOG

Student Name: _____
Allergies: _____
Blood Glucose Target Range: _____
Correction Dose/Formula: _____
Insulin dose for Carbohydrate intake: _____
Type of pump: _____
Lunch Time: _____

Birth Date: _____ **Bus #:** _____
Doctor/Phone #: _____
Parent Name(s): _____
Parent Contact #: _____
Parent Contact #: _____
Special Instructions: _____
PE/Health: _____ **period**

Date	Time	Activity	Blood Glucose Test Results	Correction Insulin BG - _____	Carb Count	Insulin Dose for Carb Intake ____:____	Total	Total Amount of Insulin Actually Given	Snack	Ketones	Notes	Initials of Care Provider

Nurse/Staff Signature _____ Initials _____
 Nurse/Staff Signature _____ Initials _____
 Nurse/Staff Signature _____ Initials _____