DIABETES MONITORING LOG

STUDENT'S NAME: _____ **BIRTHDATE:** _____ **GRADE:** _____

PARENT: _____ **PHONE:** _____ **SCHOOL NAME:** _____ **PHONE:** _____

Date	Time	Blood Glucose	Ketones (neg., S, M, L)	Insulin Dose	Comments: (note any unusual circumstances, e.g. extra food intake, Hypoglycemic Rx, Exercise, change in routine, etc.)	Initials

Signature of Staff providing Care	Initials	Signature of Staff providing Care	Initials	Signature of Staff providing Care	Initials