

Student Medication Record for Insulin Administration with a PUMP

School Year: _____

Student Name: _____ **Student ID #:** _____ **DOB:** _____ **Allergies:** _____

Times to be given: Breakfast_____ **Lunch:**_____ **Snack:** X **PRN:** X

Insulin for Mod/Large Ketones: Give _____ Units with Pen (if Ketone dose is needed, see PEN SMR)

[illegible]

Sites: RA:Right Arm/LA:Left Arm/ RL:Right Leg/LL:Left Leg/AB:Abdomen/OO:Other

Codes: C: Comment on Back/ P:Parent/Guardian Notified/N: Normal Response/AB:Abnormal Response

Initials

Print Name

Sign Name & Title

Date _____

Student Name:_____ Student ID:_____ School Year:_____ CLINIC NOTES

Don't forget to Date/Time and Sign/Title your notes