STUDENT NAME: _____ **DOB:** _____ **Grade:** _____

Parent Name: _____ **Phone:** _____ **School:** _____

Date	Time	Blood Glucose	Ketones	Insulin Type	Insulin Dose	Injection Site	Comments: (note any unusual circumstanes, 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*