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

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

Date	Time	Carbs		Blood Glucose	Ketones	Total Insulin Bolus(es)		Comments: (note of any unusual circumstances)	Initials
		Snack	Lunch						

Signature of staff providing care	*Initials*	*Signature of staff providing care*	*Initials*	*Signature of staff providing care*	*Initials*