

Daily Diabetes School Notes

NAME: _____

Day/Date _____

Breakfast BG: _____

Food packed (total carb. count):

Lunch: _____

Snack: _____

Blood Glucose Checks:

Circle times usually checked per student's protocol

	Time	Blood Sugar	Novolog Carb. Dose	BG Correction Dose	Notes/Actions taken
AM snack					
Lunch					
Recess					
Snack					
PE					
Bus					

Additional information:
