

DIABETES MANAGEMENT LOG

Name _____ School _____ Grade _____

Teacher(s) _____ School Year _____ Room _____

Parent(s)/Guardian(s) _____

Parent/Guardian Phone #(s) _____

Correction Dose: _____ Unit(s) of insulin per _____ Over _____

Insulin to CHO (carbohydrate) Give: _____ Unit(s) of insulin per _____ grams of CHO eaten (or to be eaten)

Date	Time	Blood Glucose (BG)	Carbohydrate Intake (CHO)	Insulin Dose			Hypoglycemia Treatment	Hyperglycemia Treatment	Comments	Initials
				Insulin For BG	Insulin For CHO	Total Insulin				

Signature	Initials	Signature	Initials	Signature	Initials