

Diabetes Care Log

Student's name & age: _____ **Grade:** _____

Parent's name: _____ **Phone:** _____

Date	Time	Blood Glucose	Ketones	Insulin Dose	Comments	Initials

Name & Signature of care giver staff _____ **Initials** _____ **Name & Signature of care giver staff** _____ **Initials** _____
