Diabetes Treatment Log

PARENT/GUARDIAN: HOME#			S	CHOOL/S	ACC	GR.			
				WORK#_		etes Personnel:			
					Trained Diabe	etes Personnel:			
SIGNAT	URE/INI	TIALS	SIGNATURE /IN	NITIALS_		SIGNA	TURE /INITIALS		
Date	Time	Symptoms	Blood Glucose (mg/dl)	Ketones	Carbs (grams)	Insulin Dose (type & units)	Action	Parent Contact (yes/no)	Initials