

Student Name											Date of Birth				
Type of Device	Insulin Syringe	Insulin Pen	Insulin Pump	Type of Insulin											
Month/Year															
Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Glucometer Reading															
Carbohydrate Intake															
Insulin Dose Administered															
Time															
Initials															
Date	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Glucometer Reading															
Carbohydrate Intake															
Insulin Dose Administered															
Time															
Initials															
Date	31	Notes:													
Glucometer Reading		Initials and Signature:													
Carbohydrate Intake															
Insulin Dose Administered															
Time															
Initials															

The calculated carbohydrate intake for the meal eaten is to be used in calculating the insulin dose, per the child's Medical Order. If the child's Medical Order does not include a formula for determining insulin to be given based on carbohydrate intake, enter "N/A" in the spaces following "**Carbohydrate Intake**"