

Diabetic Daily Log Pen Expiration date:_____

School year:

_____ DOB: _____ Grade: ____

administering medication, you must sign the form.*

Trained Staff Name:	Signature:	Initials

Date	Time	Blood Glucose	Grams of cabs ate	Insulin Given	High or Low Interventions	Initials	Witness Initials



Holly Area Schools

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Date	Time	Blood	Grams of	Insulin	High or Low Interventions	Initials	Witness
		Glucose	cabs ate	Given	Interventions		Initials

