

## 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

Diabetic Daily Log Pen Expiration date:\_\_\_\_\_

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

