**Name - Daily Log**

**Type 1 Diabetes**

**Grade – Teacher**

**NOTES**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_**

**MORNING**

**\*Always check levels before school and before snack**

|  |  |  |
| --- | --- | --- |
| **Time** | **Level** | **Treatment (if needed)** |
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**LUNCH**

|  |  |  |  |
| --- | --- | --- | --- |
| **Calculations****(use worksheet on back)** |  | **Checks** | **Signed off** |
| Blood Glucose |  | Calculation |  |
| Carbohydrates |  | Pen primed |  |
| Insulin Dosage |  | Pen Dosage |  |
| **Shot Info** | Time: | Location: | Signed: |

**NOTES**

**AFTERNOON**

**\*Always check levels before/after gym and before final bell.**

|  |  |  |
| --- | --- | --- |
| **Time** | **Level** | **Treatment (if needed)** |
|  |  |  |
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