

SCHOOL BOARD OF BROWARD COUNTY  
HEALTH EDUCATION SERVICES  
DAILY DIABETIC LOG

Student's Name \_\_\_\_\_ School \_\_\_\_\_ Week of \_\_\_\_\_

Doctor \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 TYPE OF INSULIN GIVEN (H = Humalog R = Regular NP = NPH U = Ultra Lente) Given by (circle) PUMP INJECTION  
 For Pump, give reason for insulin administration: B = Bolus C = Correction Dose A = absent V = no school S = other  
**REMEMBER ADMINISTER INSULIN ONLY AT TIMES ORDERED**

DAY/DATE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>TIME</b>					
BLOOD SUGAR					
# CARBS IN GMS					
INSULIN (# units)					
EXERCISE					
Initials					
<b>TIME</b>					
BLOOD SUGAR					
# CARBS IN GMS					
INSULIN (# units)					
EXERCISE					
Initials					
<b>TIME</b>					
BLOOD SUGAR					
# CARBS IN GMS					
INSULIN ( # units)					
EXERCISE					
Initials					
<b>TIME</b>					
BLOOD SUGAR					
# CARBS IN GMS					
INSULIN ( # units)					
EXERCISE					
Initials					
Signature					
Signature					





