**Clarksville-Montgomery County School System**

# HEALTH SERVICES

## DIABETIC RECORD

***School Year:*** _____

**Student:** _____ **Type of Insulin**: _____

**Delivery Method**: ___ Syringe ___ Pen ___ Pump - Brand: _____

| | |
|---|---|
| ___Direct adult supervision is required | ___ May independently test blood glucose anywhere on school property; nurse to utilize meter memory for supervision of insulin dosing |

**PLEASE NOTE: This student requires assistance with:**

**___ Finger Stick ___Blood Glucose Monitoring ___Carb Counting ___Insulin Administration**

| Date | Time | Glucose Reading | Carbs | Insulin Dose | Injection Site | Ketones | Action Taken | Initials |
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Care Providers Signatures and Initials:

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____