Jordan School District Diabetes Log

Student: _____ School: _____ Nurse:_____

Date	Time	Blood Sugar	Carbs	Insulin Dose	Carbs Confirmed Nurse/ Staff	Refills needed	Party/ field trip date	Parent called or text	Teaching from Diabetes Self-Management Guidebook/Comments	Initials

Staff or Parent Signature_____ Initials _____
Staff or Parent Signature_____ Initials _____
Staff or Parent Signature_____ Initials _____
Staff or Parent Signature_____ Initials _____