

CCSD OFFICE DIABETES CARE LOG

Student's name:	School:	Grade:	School Year:
Parent's name:	Phone #'s:	Teacher:	BG Target Range:

Date	Time	Blood Glucose Reading	✓ If Tested by Finger Stick	✓ Reading of Continuous Glucose Monitor CGM	Grams of Carbohydrates Eaten	Parent Guardian Notified Mark Yes or No	Comments	Staff Initials	
Name & Signature of Trained Staff							Initials	Name & Signature of Trained Staff	Initials

NEVER SEND A STUDENT WITH SUSPECTED LOW BLOOD GLUCOSE ANYWHERE ALONE!
 SEVERE LOW BLOOD GLUCOSE SYMPTOMS ARE A LIFE-THREATENING EMERGENCY. CONTACT TRAINED DIABETES OFFICE PERSONNEL IMMEDIATELY. CALL 911 IF NEEDED.