CCSD OFFICE DIABETES CARE LOG														
Studer	nt's nan	ne:				School:				Grade:	School Year:	School Year:		
Parent's name:						Phone #'s:			Teacher:	BG Target Range				
Date	Time	Blood Glucose Reading	√ If Tested by Finger Stick	V Reading of Continuous Glucose Monitor CGM	Grams of Carbohydrates Eaten	Parent Guardian Notified Mark Yes or No	Comments					Staff Initials		
						+								
			<u> </u>											
Name & Signature of Trained Staff							Initials	Name & Signat	ure of Trained Staff			Initials		
	NEVER SEND A STUDENT WITH SUSPECTED LOW BLOOD GLUCOSE ANYWHERE ALONE!													

NEVER SEND A STUDENT WITH SUSPECTED LUW BLOUD GLUCUSE ANTWHERE ALUNE!

SEVERE LOW BLOOD GLUCOSE SYMPTOMS ARE A LIFE-THREATENTING EMERGENCY. CONTACT TRAINED DIABETES OFFICE PERSONNEL IMMEDIATLEY. CALL 911 IF NEEDED.

CCSD OFFICE DIABETES CARE LOG														
Student's name: School							School:			Grade:	irade: School Year:			
							Phone #'s: Teacher:			BG Target Range:				
Date	Time	Blood Glucose Reading	√ If Tested by Finger Stick	V 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 & Signat	ure of Trained Staff					Initials
NEVER SEND A STUDENT WITH SUSPECTED LOW BLOOD GLUCOSE ANYWHERE ALONE!														

MEVER SEND A STODENT WITH SUSPECTED FOW DECODE GLOCUSE ANTWHERE ALONE.

SEVERE LOW BLOOD GLUCOSE SYMPTOMS ARE A LIFE-THREATENTING EMERGENCY. CONTACT TRAINED DIABETES OFFICE PERSONNEL IMMEDIATLEY. CALL 911 IF NEEDED.