CCSD VERIFYING INSULIN DOSE LOG

Student's name:	School:	Grade:	School Year:
Parent's name:	Phone #'s:	Blood Glucose Target Range:	

Date	Time	Blood Glucose Reading	√ If Tested by Finger Stick	√ Reading of Continuous Glucose Monitor CGM	Grams of Carbohydrates Eaten	Staff Verified Student Administered Dose	Parent Guardian Notified Mark Yes or No	Comments	Staff Verifying insulin dose Initials	Staff Verifying insulin dose 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 IMMEDIATLEY. CALL 911 IF NEEDED.

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