Holly Area Schools

DIABETES DAILY LOG

School year: _____

Student Name: _____ DOB: _____ Grade: _____

School: _____ Parent/Guardian: _____

Phone 1 : _____ Phone 2: _____

Trained Para/Staff: _____

Staff name:	Signature:	Initials

Date	Time	Blood Glucose	Grams of cabs ate	Insulin Given	High or Low Interventions	Initials	Witness Initials

Holly Area Schools

Date	Time	Blood Glucose	Grams of cabs ate	Insulin Given	High or Low Interventions	Initials	Witness Initials