

CCSD OFFICE/TEACHER DIABETES CARE 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		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.

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