

SCHOOL BLOOD SUGAR RECORD SHEET

Student: _____ Date of Doctor's Order: _____

School Year: _____ School: _____ Grade: _____ Teacher: _____

Medication: Insulin, _____ Dosage: _____

Special Instructions: _____

Initials and signatures of persons giving medication:

Abbreviations:
 A = Absent NS = No Show
 C = Comment on back
 PN = Parent Notified FT = Field Trip

Please note time and result of each blood sugar

Aug/Sept.

M	T	W	Th	F

Oct.

M	T	W	Th	F

Nov.

M	T	W	Th	F

Dec.

M	T	W	Th	F

Jan.

M	T	W	Th	F

Feb.

M	T	W	Th	F

Mar.

M	T	W	Th	F

Apr.

M	T	W	Th	F

May/June

M	T	W	Th	F