SCHOOL BLOOD SUGAR RECORD SHEET

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| 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.** | | | | | | | | | | |  | | **Oct.** | | | | | | | | |  | | **Nov.** | | | | | |
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| **Dec.** | | | | | | | | | | |  | | **Jan.** | | | | | | | | |  | | **Feb.** | | | | | |
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| **Mar.** | | | | | | | | | | |  | | **Apr.** | | | | | | | | |  | | **May/June** | | | | | |
| **M** | | **T** | | **W** | | | **Th** | | | **F** |  | | **M** | **T** | **W** | | **Th** | | | **F** | |  | | **M** | **T** | **W** | | **Th** | **F** |
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