# Clarksville-Montgomery County School System
# HEALTH SERVICES
## DIABETIC RECORD

*School year 20_____ - 20_____*

Student's Name_____ Type of Insulin _____

Student is independent in ____ blood glucose monitoring ____ counting carbs ____ insulin administration

| DATE AND TIME | BLOOD GLUCOSE/ KETONES | CARBS | INSULIN DOSE | INJECTION SITE | ( X ) IF CALL TO PARENT OR MD, OR IF NOTE IS ON BACK | NURSE'S SIGNATURE |
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